

CHEMIST & DRUGGIST

The newsweekly for pharmacy

December 18/25, 1993



Once again our TV commercials will end up giving you a sore throat.

We're on air from December to March, so our national campaign will leave you speechless.



Pharmacists resigned to Sunday trade

PPA to assess private interest in script pricing

Spoofbender gets to grips with script audit

Christmas quiz: champagne prize

Update: a simple approach to pharmacokinetics

Beauty first for Cardiff chemist

Numark reject Hamilton but gain Mawdsley?

BCA clear way for Unichem bid



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10

DECONGESTANT CAPSULES
Pine, Cinnamon and Menthol



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Comment

1993 will stick in the minds of pharmacists, particularly community pharmacists, as a year of some moment. Here are selected straplines from *Chemist & Druggist* front covers over the year with minimal notes to refresh the memory. What, we wonder, was the story of the year for you..?

- Jan 2 — PSNC bids for 7 per cent pay rise in 1993
- Jan 9 — PSNC takes gloomy view of blacklist
- Jan 16 — NPA joins PAGB in OTC display survey
- Jan 23 — SPCG settles division of global sum (for 1992-93 at 4.75 per cent on global sum with two-tier fee)
- Feb 13 — RIP suggest points for allowances (eg PAs)
- Feb 20 — Rational distribution on the way?
- Feb 27 — Queen graces Society's 150th Charter Day
- Mar 6 — Glaxo agency contracts signed under protest
- Mar 13 — Seton shake on Crookes deal (ten OTCs sold)
- Mar 20 — DoH puts knife in with 1993-94 offer [global sum up 1.5 per cent, PA of £500 a year on 2,000 scripts a month]
- Apr 3 — 400 hear brave words from PSG ("Small contractors far from dead", Nick Wood addresses)
- Apr 10 — Pay offer puts Barnet Health Care at risk
- May 1 — Entry control to go after 1994 pay deal?
- May 8 — MPs call for renegotiated pay deal
- May 22 — DoH tables fee for extra pharmacist
- May 29 — War of words over PSNC's petition
- Jun 5 — IoW asks CCA to take Boots man off LPC
- Jun 12 — 2,000 script threshold still on the table

- Jun 19 — Council takes action on Post Office leaflets
- Jun 26 — PSNC rejects fund switch to FHSAs
- Jul 3 — Ministerial boost for OTC care
- Jul 10 — MCA consults on next POM to P switches
- Jul 17 — Hollyman to stand in Christchurch
- Jul 24 — Millar calls for repeat dispensing
- Jul 31 — Scots seek 90p fee and £20,000 PA
- Aug 7 — Boots contract leaflet sparks complaint
- Aug 14 — DoH drops threshold to 1,500 items
- Aug 21 — More changes proposed for Selected List
- Sep 4 — Dispensing GPs delegate to Boots
- Sep 11 — Doncaster trials "open" P display
- Sep 18 — Boots' four-year small store "240" target
- Sep 25 — Nick Wood (now president) seeks action on roles
- Oct 2 — Militant LPCs talk tough on pay deal
- Oct 9 — LPCs pour scorn on DoH pay offer
- Oct 16 — DoH imposes 1993-94 pay package
- Oct 23 — N. Ireland aims for CE target of 20 hours
- Oct 30 — FHSAs get guidelines on PA criteria
- Nov 13 — Liverpool's sharps swop scheme folds
- Nov 20 — Tanna puts request for EGM to NPA
- Nov 27 — NW Thames contractors bid for £1.3m
- Dec 11 — Scots get "final" 1.5pc pay offer (for 1993-94)

That was the year, that was! All *C&D* staff wish our subscribers and advertisers a very happy Christmas and a prosperous professional and business 1994.

Resigned reaction to vote for six hour Sunday trading

Reaction to the change in shop opening hours on Sunday is mixed. While the multiples are pleased, or even indifferent, with the outcome of the Sunday trading debate, smaller independent pharmacies and employee pharmacists are concerned over the added pressure this may put on them.

Nicholas Wood, president of the Royal Pharmaceutical Society says: "There is no evidence available that the public are disadvantaged by the current arrangements on Sunday. All emergencies are covered by rota, emergency dispensing and out of hours services."

The Society is concerned about the pressures that the deregulation will put on both employee and small employer pharmacists.

"Employee pharmacists may find themselves under pressure to work on a Sunday even though it is voluntary," said Mr Wood.

In the future, Mr Wood sees the danger of the Sunday rota service collapsing as a result of extended opening hours: "Rota has served the public well and allowed

pharmacists to still have time off."

MPs voted to allow large shops to open for six hours on Sunday and small shops all day. Large shops are defined as being over 280sq m, though pharmacies are not bound by size restriction. The six-hour option was favoured over complete deregulation or tight restrictions which would have closed all but the smallest outlets.

The Bill will now be sent to the House of Lords.

Tim Astill, director of the National Pharmaceutical Association, says: "This is a victory for big stores, big money and those shops which have been openly flouting the law."

"We believe this six-hour rule will not only prove difficult to enforce, but it will be the back door to total deregulation as there will undoubtedly be pressure from the commercial retailing 'giants' for it to be removed."

Hemant Patel, Council member and Pharmacy Support Group chairman, says: "This is another nail in the coffin of independent

pharmacy. Independent proprietors are now being put under even greater pressure — there is already pressure on NHS activities and Sunday trading is a further pressure."

Chris Nicholls, a community pharmacist from Hadlow, Kent, says: "It will depend on other pharmacies opening locally, but I can see in the future that we will have to open on a Sunday, even if it is only from 10am until 2pm to remain competitive."

Retail jobs lost

A Government-commissioned survey carried out by the London Economics Group found that 20,000 full-time retail jobs would be lost as a result of deregulation, according to the Keep Sunday Special campaign.

There are three points of issue that the KSS campaign still intends to campaign against. The first is a fair compromise — the current situation favours complete deregulation, it says, but KSS would like to see more limits set on opening hours.

Secondly, it wants adequate

employment protection. Currently the "conscience" clause, whereby employees can give three months' notice to opt out of working, is a weakness, it says, and may result in people being forced to work on Sunday with an Industrial Tribunal being the only comeback on their employers. A premium payment should be paid for Sunday working, says KSS, to acknowledge Sunday is special.

Boots the Chemists "do not expect to open stores extensively when the new law has taken effect". In Scotland, where there are no restrictions on Sunday trading, Boots open only nine out of a total of 87 stores, and these are mainly in tourist locations.

Boots say they will only consider opening a store where it would be justified by incremental sales. Sunday working for employees of Boots will remain voluntary, with the possible exception of where NHS rota requirements have to be fulfilled.

Lloyds Chemists, who already operate a number of pharmacies for 365 days each year, say they see no need to change current policies when the new regulations come into effect.

Moss Chemists do not anticipate opening any further pharmacies on Sundays. Caryl Webb, retail operations director, says: "We would be surprised if many extra pharmacies decided to open on Sundays. Sunday rotas will become less viable as more in-store pharmacies open and offer a full dispensing service."

Independent loses pharmacy bid

Independent pharmacist Ramesh Sutaria has lost his bid to open a pharmacy in Crawley Down, near Gatwick Airport.

The contract has been won by the Clark Care chain, who were the first to apply to dispense from the village where dispensing has been carried out by doctors at the health centre.

Mr Sutaria had not applied previously because he respected the *status quo*. But when he heard that an outsider had come forward he changed his mind, believing that his business in nearby Copthorne would suffer.

Mr Sutaria, who has lived in the area for 25 years, also felt that a local person could give a more personal service than a multiple.

He appealed against the FHSA's decision to award the contract to the first comer, but the appeal has now been rejected.

He told C&D: "I'm very disappointed but am still good friends with Clark Care. There's no point in quarrelling when you're in business and neighbours."

A local newspaper, *The East Grinstead Courier*, commented: "Unfortunately, as in so many cases, it is the giant that has won the day."

The doctor dispensing system worked well until the outside threat to open a pharmacy came along, the newspaper said.

Patients reacted angrily in support of their GPs and then Mr Sutaria offered to provide the service.

"In an age of charters to meet every need, it seems ironic that there is not a charter to protect village communities in which

those best placed to provide for their fellows are given all the help they can get," says the paper.

"Rural communities are already struggling for survival and to keep their identities. They cannot be allowed to lose this battle."



"I ALWAYS ENJOY COLLECTING MY PRESCRIPTION AT THIS TIME OF YEAR".

Chemist & Druggist 18/25 DECEMBER 1993

Abolish discount, says D'Arcy

"If I were a benign dictator, I would insist on the abolition of discount," John D'Arcy, pharmacy administrator at the National Pharmaceutical Association, told delegates at this week's conference on "Cost-effective wholesaling and distribution in the pharmaceutical industry".

"Whenever the pharmacist achieves better discount, the Department of Health claws it back," he said.

Although it is assumed that high discount levels determine which wholesaler a pharmacist places their business with, Mr D'Arcy believes this is not the prime consideration.

But Mr D'Arcy did acknowledge that discounts are here to stay: "The erosion of NHS margins will ensure that pharmacists will always try to source products at better prices."

He also commented on the difficult relationship between pharmacists and suppliers: "The pharmacist is the last link in the chain of supply and yet, surprisingly perhaps, he tends to be ignored by manufacturers."

Mr D'Arcy believes that manufacturers should pay attention to what pharmacists can offer.

"The pharmacist has a vital role to play in providing advice and information to patients to ensure they derive the best possible therapeutic benefit from the use of medicines," he said.

February date for LPC conference

The Conference of LPC Representatives will take place on Monday, 28 February and will be followed by the annual dinner.

Taking into account the changes being made to the NHS, the conference will take a different format for 1994.

A morning session will comprise three presentations from David Taylor of the Audit Commission, Ian Carruthers of the Dorset Health Commission and an FHSA general manager or chief executive.

This will be followed by a panel discussion, when LPC representatives can ask questions or make comments on the Health Service. After lunch, the remainder of the conference will be devoted to domestic matters, including an update on remuneration and consideration of LPC resolutions.

Any resolutions to be considered should be submitted to the Pharmaceutical Services Negotiating Committee by December 31.

N. Ireland puts off pay restructure to 1994

Contractors in Northern Ireland will not see the end of on-cost and the introduction of a professional allowance in their remuneration settlement until the next financial year.

Agreement has been reached between the Department of Health and the Pharmaceutical Contractors Committee to continue with the current method of payment until March 31, 1994.

The PCC will, however, see an uplift in the global sum of 1.5 per cent in line with settlements

elsewhere. For the four remaining months of the year, the three-band dispensing fees will be reduced to £1.39, 38p and 43p.

Northern Ireland is regularly the last of the three contractor groups to reach a settlement, which is usually follows hard on the heels of an agreement in Scotland. The late agreement reached in Scotland may be a contributing factor in delaying the move in the Province to a two-band dispensing fee and a professional allowance.

PPA script processing to be market tested

Next month companies will be asked to tender their interest in operating the prescription processing division of the Prescription Pricing Authority, getting the Department of Health's market testing plans underway.

PPA secretary Alan Hilton says: "The advertisements will assess the interest now that the DoH has approved our strategy for market testing."

The PPA is working on a Service Level Agreement (SLA) which sets services and will form the basis for the detailed contract specification against which outside contractors can bid.

This SLA is being determined with the input of PPA customers and representational bodies such as the Pharmaceutical Services Negotiating Committee. All involved are being asked to state their requirements of the PPA for the next five years, the probable

duration of the privatisation contract.

Another four principle services have been identified as being suitable for privatisation: estate management, ancillary services, PTC processing and the information division processing support. Overall some 80 per cent of the PPA will be privatised within the next two years.

In Scotland and Northern Ireland, there has been no word of similar plans to implement such schemes.

The Prescription Pricing Division in Scotland is concentrating its efforts on the introduction of the Scripts Project, where pharmacies can send their script details direct to the PPD via electronic data input.

Ronnie McMullen of the Central Services Agency in Northern Ireland confirms that they are looking at a feasibility study of a similar project.

Rise in NHS management costs top £1bn

The rising cost of NHS administration and management has been revealed to be some £1.15 billion in extra salary costs since 1989, while salary costs of nurses and midwives have dropped by 27.2 per cent.

The hospital and community health services salary costs for administrators and clerical staff has risen from £1.03bn in 1989 to £1.5bn in 1992-93. The costs for managerial staff has trebled, while those for nursing and midwifery staff have risen by only 24 per cent.

These figures are unsurprising given that the number of NHS general and senior managers in

England has increased by 25 per cent between 1991 and 1992, compared with a 1 per cent rise in hospital medical staff and a 0.8 per cent drop in total hospital and community health service staff levels.

The publication of these figures follows the admission that the cost of providing cars in the NHS rose from £53.7 million to £70m between 1991-92 and 1992-93.

Virginia Bottomley, Secretary of State for Health, has announced that restrictions on large salaries and perks for managers will be imposed in the New Year.

20 years on...

The residents of Walton, a housing estate in Peterborough, have won a 20-year campaign for a pharmacy. Elderly residents had complained at having to travel two miles to the nearest pharmacy.

But the pharmacist who opened had to wait more than three years for the privilege.

Pharmacist Ranu Odedra first applied for a contract in April 1990, but there were three other applicants and delay because of objections. He was awarded a contract following an oral hearing but this went to appeal. He finally opened on October 25.

Prescription numbers rise

The number of prescriptions dispensed by pharmacists and appliance contractors in England has risen by 4 per cent to a total of 398 million between April 1992 and March 1993, according to the Prescription Pricing Authority's annual report.

Pharmacists and appliance contractors are responsible for dispensing 90.5 per cent of the total number of prescriptions generated in England.

Dispensing doctors are responsible for 6.8 per cent of the number of prescriptions dispensed. Like pharmacists, they have also seen an increase of 4.7 per cent and now dispense 30 million prescriptions per year.

The average cost per script was £8.51 compared to £7.69 for those dispensed by pharmacists.

Dispensing doctors now dispense 50 per cent more scripts than they did ten years ago, while pharmacists have only seen a 25 per cent increase.

The average cost per script dispensed by pharmacists varied between regions, with South West Thames the most expensive (£8.55) and North Western the cheapest (£7.13).

Among family health services authorities, Lincolnshire FHSA had the highest average cost per patient (£83.07) while the lowest, Enfield and Haringay, was £48.06.

Premises increase

Premises numbers rose by 36 in November, bringing the total on the Register to 12,095.

The largest increase was seen in England with 38 additions and 10 deletions. Tesco Stores added nine premises, mainly in the South East. In London there were two additions and no deletions.

Scotland and Wales both registered three additions and no deletions.

Veterinary offences lead to retirement

A co Tyrone pharmacist who sold veterinary medicines to farmers without a prescription, including one substance to promote fertility in pigs, is to transfer the business to his son, the Pharmaceutical Society of Northern Ireland was told on December 7.

Joseph Henry Sinclair Allen, aged 60, has been in practice at 26 James Street, Cookstown, for 38 years. In April he was fined £100 at the local Magistrates Court when he pleaded guilty to selling the products to persons unknown in contravention of the Medicines Act.

The offences, which took place over a five-month period, came to light as a result of information from a veterinary surgeon. Mr Allen's premises were visited by Tom Scott, principal pharmacy officer with the Depart-

ment of Health, last March.

At the centre of his inquiries were "not insubstantial" sales of ten products, eight antibiotics, a hormone product and a sedative treatment. Mr Allen admitted selling them by retail but declined to make a written statement.

Alastair Devlin QC, who appeared for Mr Allen, said the pharmacy had an annual turnover of around £300,000. Cookstown's main industry was agriculture and Mr Allen, whose practice had always dealt in domestic and veterinary products, was well-known in the community.

"He wrongly allowed himself to be prevailed upon to supply these substances," said Mr Devlin. "He was acting as a good neighbour to farmers and makes a full and unreserved apology. It

is a most unfortunate blot on an hitherto impeccable career."

He added that Mr Allen no longer stocked prescriptive veterinary medicines and intended to transfer the business to his son Darren, also a pharmacist, in January 1994.

Committee chairman Tim Ferris QC pointed out that the law surrounding Prescription-Only veterinary products was "for the protection of animals and the human food chain".

But he said there had been no question of significant financial gain. The Committee understood "the particular circumstances which can prevail in the agricultural community", and would take no further action, given Mr Allen's undertaking that he would not in future sell any veterinary medicines which required a prescription.

OFT is 'not looking' at RPM on OTCs

The Office of Fair Trading was emphatically denying this week a report in the *Independent on Sunday* newspaper that it was making a preliminary study of resale price maintenance on over-the-counter medicines.

The newspaper article suggested that a faction within the OFT believes drugs should come under the same scrutiny as books. Books are the only category of goods still protected by RPM.

The Net Book Agreement is currently under formal investigation by the OFT, which is expected to give its views some time in the Spring.

An OFT spokeswoman said the source of the story was a "mystery to us".

She added: "We do monitor the industry in the normal way, but we have no plans at present for an investigation."

Pharmacy relocation hopes dashed

A Manchester pharmacy's hopes of relocating from an almost deserted shopping arcade to a nearby Tesco superstore were thwarted in London's High Court on Tuesday.

Mr Justice Harrison said the Baguley shopping arcade, where Peel Street Pharmacy has its store, has been left almost bereft of customers by the arrival of the Tesco superstore in 1990. But he ruled the company had no arguable grounds of challenge to a decision of the Family Health Services Appeal Unit on June 23 this year.

The court heard that two rival pharmacies had taken the case to the Appeal Unit after the Manchester Family Health Services Authority gave the go-ahead for Peel Street Pharmacy's relocation in September.

The judge said the Appeal Unit rightly found that the pharmacy's relocation, "would not be a minor one as it would involve a significant change in the population that would be served."

"It had rightly concluded that there would be not inconsiderable numbers of people from outside the area who would use the supermarket as well as the pharmacy," the judge added.

The Appeal Unit had correctly followed Department of Health guidelines, he concluded. Peel Street Pharmacy was refused leave to seek judicial review of the Appeal Unit's decision.

GPs prefer to reach for the script pad

Doctors often feel uncomfortable about advising patients to buy medicines instead of prescribing them, the House of Commons Health Committee heard recently.

Professor Philip Reilly, department of general practice, Queen's University, Belfast, said he was unaware of any increase in doctors prescribing privately for medicines which cost less than the £4.25 prescription charge.

It was also difficult for doctors to ask people, whatever their social class, to buy medicines which were available on prescription.

"It is not an easy area. It is

most uncomfortable for doctors," he said.

Dr Jane Richards, chairman, General Medical Services Committee prescribing subcommittee, said it was part of GPs' terms of service that they should prescribe on the FP10 form rather than issue private prescriptions for medicines costing less than £4.25. The GMSC was trying to get the Regulations changed as it believes it puts doctors in an invidious position.

Dr Richards was also concerned about the risk of misdiagnosis if patients bought medicines from a pharmacy instead of seeing the doctor.

Complaints

Regulations coming into effect on January 1, 1994, specify when there is a right of appeal from the family health services authority decision where a complaint is made against a pharmacist or other primary care contractor. The right exists where the FHSA committee dealing with the complaint has not held an oral hearing or where it has been decided initially that the complaint shows no grounds for thinking there has been a possible breach of service. *The NHS (Service Committees and Tribunal) Amendment Regulations 1993* (SI No 2972, HMSO £1.55).

Infant formulae

Draft Regulations to implement the European Directive on the marketing of infant formulae are the subject of a consultation document issued on December 3 by the

Ministry of Agriculture, Fisheries and Food. The Government hopes to meet the deadline of June 1, 1994, for implementation, according to a Commons written answer.

Drug theft

The Co-operative pharmacy, Holton Road, Barry, was broken into during the last weekend in November, and thieves escaped with 2,500 temazepam tablets and capsules and 500 co-dydramol tablets.

The burglars entered the pharmacy, which has been subjected to break-ins in the past, by sledge-hammering a hole in the back wall of the premises. No-one has been charged with the offence.

Top suppliers

AAH head the list of top 50 suppliers to the NHS as identified by the NHS Supplies Authority. They had an annual

contract worth £190 million for the year 1992-93. Glaxo came fourth, with an annual spend of £39m, while Abbott and Wellcome both had an annual spend of £21m. Cow & Gate were the most important for baby feeds (£20m).

Flu vaccine goes ZD

Flu vaccines are being included in the zero discount list of the Drug Tariff on a temporary basis with immediate effect. The move comes after pressure from the Prescribing Services Negotiating Committee after the recent vaccine shortage.

NPA poll

The National Pharmaceutical Association's own auditors will count votes at minimal cost with the result announced at a formal AGM, at no extra cost, before the first Board Meeting following the poll, and not as stated last week (Comment, p1039).

Pharmacist fined for unsupervised 'P' sale

A Leighton Buzzard pharmacist has been fined £700 following the unsupervised sale of a P medicine to an inspector of the Royal Pharmaceutical Society.

Sanjay Chopra of Jays Pharmacy, Linslade, Leighton Buzzard, pleaded guilty to the offence before Leighton magistrates on November 17.

Mr Chopra admitted that 12 Solpadeine tablets were purchased by the inspector on September 25, 1993, while no pharmacist was present on the premises.

Mr Chopra had been attending a wedding on the day that the offence took place and a locum had been hired to cover his morning duties. Mr Chopra was late in returning to the pharmacy, having been caught in a traffic jam. During this time an assistant, who has since been dismissed, made the sale.

Andrew Morton, for Mr Chopra, told the court that the defendant was "extremely distressed" by the incident.

Jays Pharmacy is a trade name of CDH Ltd and Mr Chopra also pleaded guilty to selling the drugs on behalf of the company, of which he is a director. In addition to his fine, he was ordered to pay £200 costs.

Training first for Doncaster independent

The Doncaster-based Weldrick Group has become the first independent pharmacy company in Britain to achieve the Investors in People award.

The group, which has 24 retail outlets, joins a select band of companies to have achieved this training standard designed by the National Training Taskforce. The scheme helps companies set and communicate business goals to their staff. A public commitment to relevant training for all company personnel is required.

Personnel and training manager Mrs Chris Goddard explains that the group's 170 staff are being trained to NVQ standard in retailing (linked to the NPA's distance learning package), wholesaling and business administration.

It has taken 18 months to reach the required standard since the managing director Ronald Alcock and retail director Marshall Glynn decided to push for the award. The company is re-assessed every three years to ensure that standards are being maintained.

Roll on the seven-day week

So now we know. Our lords and masters in Westminster have spoken. Sunday will no longer be considered as significantly different from any other day of the week, and soon seven-day shopping will become a universal reality.

The power of the large multiples has once again held sway because, even when couched in compromise, this result is a victory for power politics. The promised safeguards of extra pay and no worker discrimination are not worth the paper they are written on.

Acting as Devil's advocate, I can understand the inevitability of the change and have often commented in the past about the idiocy of the present law. But the effect of this decision will yet again be heads they win, tails I lose!

Once the novelty has worn off and stability returns to the market, then six days' shopping will be spread out over seven. In order to compete, I also will have to open on Sundays otherwise that proportion of my trade will be lost. A similar situation developed many years ago when I was forced to open on a Wednesday afternoon, but at least then some doctors' surgeries were open!

On a Sunday I will be paying a locum expenses for very little prescription volume, and to work without locum cover either on the Sunday or another day in the week will mean working a six-day week. But, never fear, at least the customer will be happy because I can now see the day when a full seven days a week pharmaceutical service will become a reality. Unfortunately it will be at my expense!

Why do we bother?

In common with the Pharmaceutical Services Negotiating Committee, I, too,



was amazed at the continuing obstructive attitude of Health Minister Dr Brian Mawhinney to the repeated efforts by the PSNC and the Royal Pharmaceutical Society to involve pharmacists in repeat prescribing (*C&D* December 11, p1044).

The latest excuse pleaded insufficient evidence of the scale of unused medicines, when the mountain of returned drugs is sufficient empirical evidence for me without the necessity for any statistical analyses.

I suspect that, once again, Dr Mawhinney is expressing a blinkered opinion, influenced no doubt by medical interests which will jealously guard any attempt to infringe their current prescribing monopoly.

But before I become all hot under the collar, I do wonder why, as a profession, we are bothering to make a fuss about an obvious saving to a Government which treats us with such contempt.

At the end of the day, a reduction in the drugs bill matters very little to me as long as I am properly reimbursed. And, if the Department of Health does accede to reason, my workload will only then rise for no increase in remuneration.

No! My advice to both the PSNC and the RPSGB is to forget altruism and leave me to continue to throw away thousands of pounds worth of over-prescribed drugs.

Like all politicians, Dr Mawhinney is renowned for knowing what is right. If he is

so certain that there is no problem, then I fail to see why we persist in trying to convince him otherwise.

Not really funny...

Unlike Atul Patel (*C&D Letters*, December 11), I do not practice in an area where I can charge £1 or so to a mother who requests an oral syringe for the administration of paediatric medicine supplied on an NHS prescription. And, even if I did, I still consider that mother's request to be perfectly reasonable.

I am not only a shopkeeper but a dedicated professional working in the spotlight of high street accessibility. In common with the vast majority of my colleagues, I try to provide a pharmaceutical service of the highest quality. That is a service which deserves proper recognition and remuneration.

My quandary of the supply of 5ml oral syringes may be a small and slightly humorous subject, but it is symptomatic of community pharmacy's present perilous situation.

The idea of pharmacists being reimbursed for taking professional decisions might very well produce a giggle at the Department of Health, but it also succinctly demonstrates why pharmacy is unable to shake off its "shopkeeper" image, even among those who should know better.

Happy Christmas!

This combined December 18/25 issue of *Chemist & Druggist* brings us almost to the end of our own *annus horribilis*, but I will leave any discussion of future prospects until next time because, for at least the next two weeks, the joyous mood of Christmas should be allowed to hold sway!

I trust my grumbles will be drowned by the merry bleeping of electronic point-of-sale systems and that you all, Editor and staff at *C&D* and my long suffering fellow community pharmacists, all have a very happy festive season and a prosperous New Year.

Topical REFLECTIONS

Scriptspecials

Product transfers

Bristol Myers Squibb have transferred responsibility for the sale and distribution of the following products to Sanofi Winthrop Ltd: Corgard tablets, Corgaretic tablets, Modecate ampoules and syringes, Moditen tablets, Motipress tablets and Motival tablets. All orders for these products should be addressed to: **Sanofi Winthrop Ltd. Tel: 0483 505515.**

Adizem-XL

Adizem-XL capsules are a range of once-daily diltiazem preparations indicated for hypertension and angina. The capsules are available in four strengths: 120mg (30, £11.49); 180mg (30, £13.03); 240mg (30, £14.48); and 300mg (30, £11.49). **Napp Laboratories. Tel: 0223 424444.**

Nicotinell to Zyma

Zyma Healthcare will assume full responsibility for the marketing of Nicotinell, previously marketed by Ciba Pharmaceuticals, effective from January 1. **Zyma (United Kingdom) Ltd. Tel: 0306 742800.**

Diocetyl 30 pack

Diocetyl capsules are now available in blister packs of 30 (basic NHS price £1.75, retail price £3.08). **Schwarz Pharma Ltd. Tel: 0494 772071.**

Cobadex 0.5pc

Cox Pharmaceuticals say that, due to declining demand, Cobadex 0.5 per cent (20g) is being discontinued with immediate effect. **Cox Pharmaceuticals. Tel: 0271 311200.**

Feldene Sports Gel

Pfizer say they have discontinued Feldene Sports Gel for commercial reasons. **Pfizer Ltd. Tel: 0304 616161.**

UK licence for new shingles treatment

The Department of Health has granted a licence to Smithkline Beecham for the marketing of Famvir (famciclovir), a new antiviral compound for the treatment of herpes virus infections.

Famvir is approved for the treatment of herpes zoster (shingles) as the initial indication. It will be made available in the UK early next year.

The dosage will be 250mg famciclovir three times daily for seven days, and the product will be available in a seven-day pack. As yet there is no indication of the price.

Famciclovir is the oral form of the potent and selective antiviral compound penciclovir, which can inhibit virus replication in cell culture. According to the company, penciclovir has a high and constant bioavailability (77

per cent) compared with 15-30 per cent for acyclovir.

Penciclovir is said to have a prolonged action on virus-infected cells due to its triphosphate having high intracellular stability and a correspondingly long intracellular half-life. As a result, famciclovir has a reduced frequency of administration compared with acyclovir, which may lead to increased patient compliance.

Further studies are being carried out to determine the efficacy of famciclovir in the treatment of genital herpes, herpes labialis and other herpes infections in immunocompromised patients.

Famvir has been submitted for approval in over 20 countries worldwide, including the US, but the UK is the first to grant a licence.

Lederfolin available as solution

Lederfolin (calcium folinate) is now available in solution for the treatment of advanced colorectal cancer.

The single vial of Lederfolin solution, containing 350mg calcium folinate, is ready to use, saving on the costs of diluent and preparation and offers a convenient alternative to the powder for injection. A single vial of Lederfolin has a basic NHS price of £99.98.

The Medical Research Campaign's regimen for advanced colorectal cancer is folinic acid administered at a dose of 200mg/m² in 5 per cent dextrose intravenous infusion over two hours followed by 5-fluorouracil 400mg/m² bolus, then 5-fluorouracil 400mg/m² in dextrose IV infusion over 22 hours. The process is carried out daily for two days. **Lederle Laboratories. Tel: 0329 224000.**

Medical Matters

Salmeterol beats steroid in asthma

Asthmatic patients, stabilised but symptomatic on inhaled steroid therapy, can obtain improved symptom control by adding salmeterol rather than more than doubling the dose of steroid.

The study involved 428 asthmatic patients already taking 400mcg of inhaled steroid. Patients were eligible for the study if they were suffering symptoms on four out of the seven baseline days but had not had a recent exacerbation of their

asthma, as defined by a need for oral steroid therapy.

Patients were randomised to receive either 50mcg salmeterol twice daily plus 200mcg beclomethasone dipropionate twice daily or an increase in the dose of inhaled steroid to 500mcg twice daily.

The effects of therapy were assessed at visits after one, three and six months of treatment by measuring lung function, reviewing exacerbations of the con-

dition and by patients keeping record booklets detailing relief medication use and symptoms.

Symptoms improved in patients in both groups, but day and night time symptoms tended to be fewer in patients taking salmeterol. These patients also tended to use less relief medication, particularly at night.

Patients in the salmeterol also showed a greater improvement in lung function (morning expiratory rate).

H N Norton & Co Ltd

Norton Healthcare Ltd wish all their customers the compliments of the season and advise them that the company will close for the Christmas holiday at 12 noon on Friday 24th December, opening again on Wednesday 29th.

Orders placed with H. N. Norton, Baker Norton and K Pharmaceuticals received up until noon on Thursday 23rd December will be processed and despatched before the New Year. Normal business will resume Tuesday 4th January 1994.

 **NORTON**
healthcare

Telephone: (0279) 426666

Unemployment linked to mental illness

Unemployment rates are an extremely powerful indicator of the rates of serious mental illness that will need treatment in hospital in those aged under 65, conclude the authors of a study published in the latest *British Medical Journal*.

This study examined the relationship between rates of psychiatric admissions and the rate of unemployment and the underprivileged area score within a large population in the Bristol area.

The researchers found a "remarkably strong correlation

between admission rates, however calculated, and unemployment rates".

There was a sevenfold variation between small areas in the rates of people under 65 admitted to psychiatric hospitals, of which unemployment rates explained over 90 per cent of this variation.

The authors say this relationship should be considered in the process of resource allocation, particularly to GP fundholders, otherwise people with serious mental illness living in areas of high unemployment could be considerably disadvantaged.

MANY RIVALS. NO EQUALS.

Nurofen owes its position as the No. 1 pharmacy analgesic to its proven efficacy in everyday pain indications.

HEADACHES. Nurofen 400 mg has been shown to be superior to both aspirin 650 mg and paracetamol 1000 mg.¹

PERIOD PAIN. Due to its superior anti-prostaglandin activity Nurofen has been shown to be more effective than either aspirin² or paracetamol.³

DENTAL PAIN. Nurofen has been shown to be superior to paracetamol⁴ and aspirin⁵ in the relief of dental pain and, unlike aspirin, it doesn't exacerbate post-operative bleeding.

COLD AND FLU SYMPTOMS. More effective than paracetamol in relieving headaches,⁶ 'superior antipyretic action compared to aspirin'.⁷

BACKACHE. Anti-inflammatory, unlike paracetamol; and therefore provides better relief.

TOLERABILITY. As well tolerated as paracetamol, gentler on the stomach than aspirin.⁸

This is why, when you're looking for an analgesic to recommend for any common pain, Nurofen should be your first choice.



**When it's time to recommend,
there's nothing quite like it.**

NUROFEN 1983-1993 TEN UNRIVALLED YEARS

PRODUCT INFORMATION: Nurofen. Nurofen Soluble: each tablet contains 200mg Ibuprofen BP. Indications: Effective in the relief of headaches, cold and flu symptoms, rheumatic and traumatic pain, backache, feverishness, migraine, period pain, dental pain and neuralgia. **Dosage and Administration:** Adults and children over 12 years: Initial dose 2 tablets, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings:** Nurofen should be avoided by patients with a stomach ulcer or other stomach disorder. Patients receiving regular medication, asthmatics, anyone allergic to aspirin and pregnant women should be advised to consult their doctor before taking Nurofen. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor. **Product Licence Number:** Nurofen 0327/0004, Nurofen Soluble 0327/0048. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG12 3AA. **Legal Category:** P. **Price:** Nurofen Tablets: 12's £1.25; 24's £2.25; 48's £4.19; 96's £6.99. Nurofen Soluble: 12's £1.45; 24's £2.55. **REFERENCES:** 1. Novelle, R.M. *et al.* Pharm J, 1987, 238, 561. 2. Corson, S.L. *et al.* J Reprod Med, 1978, 20, 246. 3. Milsom, I. *et al.* Br J Obst Gyn, 1984, 91, 1129. 4. Cooper, S.A. *et al.* Journ. Clin Pharmacol, 1989, 29, 1026. 5. Cooper, S.A. *et al.* Journ. Oral Surgery, 1977, 35, 898. 6. Gatonde, B.B. *et al.* J. Assoc. Physicians of India, 1973, 21, 579. 7. Nasution, A.R., 13th Int Cong on Rheumatol, Japan, 1973. *Curr Med Res Opin (Suppl)* 1974, 9, 8. Busson, M., J. Int. Med. Res, 1980, 14, 53.

Counterpoints

Nivea Sun add six for sensitive skin



Protection products for sensitive skin provide the focus for Nivea Sun activity for the coming season. In view of the increasing number of people claiming to have sensitive skin, makers Beiersdorf are adding six Sun Sensitive products for adults and children to the Nivea Sun range for 1994.

For people with sensitive skin, there are three Active Hydro-Lotions. The light, gel-like formulations are free from emulsifiers, oil and colour and have a neutral pH. Suitable for sufferers of sun-induced skin irritation, the lotions are available in SPF's 8 and 16 (£6.99 and £7.99 for 150ml respectively) and an aftersun (£4.75, 150ml).

For children there are three protection products which are water-resistant, fragrance-free and contain micronised pigments to reflect the sun's rays. Sun Sensitive for Children comes in SPF10 lotion (£7.99, 200ml), SPF18 lotion (£7.99, 200ml) and SPF14 cream (£5.99, 75ml).

All products carry the claim "active cell protection", are hypo-allergenic, free from preservatives and contain vitamin E. Although they are free from preservatives, products have a shelf-life of three years, says

product manager Julia Thornton.

Nivea Sun will be supported during the coming year with a £1.5 million package, including £750,000 of television advertising which will run through the Summer. This will be backed with Press advertising, including a million sample sachets of the new Hydro-Lotions.

- Once again Nivea Sun has produced a market report on the sun care market.

It reveals that the market grew 5 per cent last year to £112m, and similar growth is expected for 1994.

It seems that warnings about the damage of sun exposure are slowly filtering through, with 41 per cent of women and 34 per cent of men claiming they switched to higher SPF's last year. Sales of products with an SPF of 15 or over now account for 26 per cent of sales.

The trend towards lighter formulations is growing, with lotions and milks taking 60 per cent of sales. Oils are losing share and now account for just 5 per cent of the market. **Smith & Nephew. Tel: 021-327 4750.**

Help for parents during festive season

Parents who are worried about their child's health over the Christmas period can get help from The Parent & Child Helpline, a charity sponsored by Sudocrem.

The number to call is 081-994 9874. It is available from 5pm on

December 24 until 9am on January 4.

The helpline, set up by the Medical Advisory Service, is staffed by nurses, who will give advice on common childhood illnesses and guidance on seeking medical help.

Sinutab on air early

Warner-Lambert have put forward their Winter television advertising campaign for Sinutab and Sinutab Nighttime as a result of continued flu

cases throughout the country. The campaign begins this week and will run until the end of January. **Warner Lambert. Tel: 0703 620500.**

Cutex gets the Perfect Finish to make-up

Cutex have added Perfect Finish face make-up products to their portfolio, all dermatologically tested, fragrance-free and with vitamin E, protein and a sunscreen.

Natural Finish demi-matte foundation (£4.49) is said to be suitable for sensitive skins. It has acrylic polymers for even coverage in five shades: Natural Ecru, Natural Ivory, Natural Rose, Natural Sable and Natural Amber.

Natural Finish compact powder comes in Champagne Finish, Honey Finish and Tawny Finish (£4.49). The ultra fine satin texture gives a flawless finish, say Cutex, while their Natural Finish

loose powder can disguise small imperfections and is long-lasting. Also priced at £4.49, it is packed only as a translucent shade.

Natural Finish Powder Blush (£3.79) is in five "soft" shades — Opal, Orchid, Cinnabar, Apricot and Silken Peach — giving a warm, smooth finish. Cover stick is in Light, Nude and Medium at £2.99. It will hide small imperfections easily, say Cutex.

All products will be on-shelf from February, 1994 and come in navy compacts with gold graphics, or in peach packs for demi-matte foundation and cover stick. **Rimmel International. Tel: 0233 625076.**

Christmas closure information

Roussel Laboratories will close from noon December 24 until January 4. An emergency medical information service is available on Freephone Roussel Med Info 0895 834343.

Bristol-Myers Squibb Pharmaceuticals will be closed from noon December 24 until January 4. For emergencies only ring 051-677 0171. An answerphone service is

also available on 051-677 2201.

Glaxo Laboratories and Allen & Hanburys will be closed from noon December 24 until January 4. An emergency information service is available on 081-990 9000.

Hoechst will be closed from noon December 24 until January 4. For emergency orders call 081-570 7712.



Nail Bite lotion has been relaunched in a new bottle for more economical application. It now comes in a 15ml bottle with brush applicator. The formulation and price are unchanged. **J Pickles & Sons. Tel: 0423 867314**

A sharp new idea!



THE
BEST
AT MAKING IT
BETTER



The **Beechams** range from the recognised cold relief experts, now has a brand new remedy.

Beechams Lemon Tablets.

These convenient, pleasant tasting tablets dissolve in the mouth to give fast effective relief from headaches, colds and flu symptoms. Be sharp-stock up now!

£3m

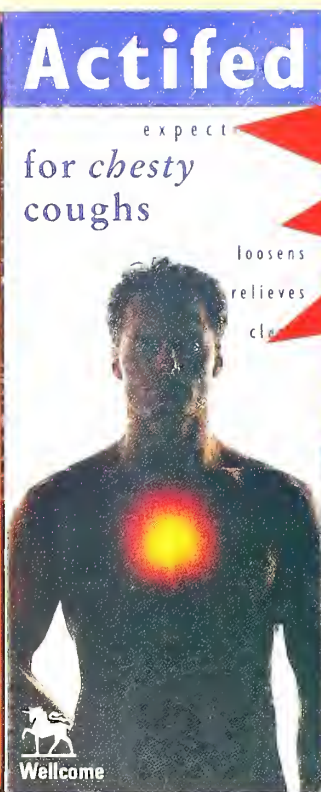
National TV spend
this Winter.

SB
SmithKline Beecham
Consumer Brands

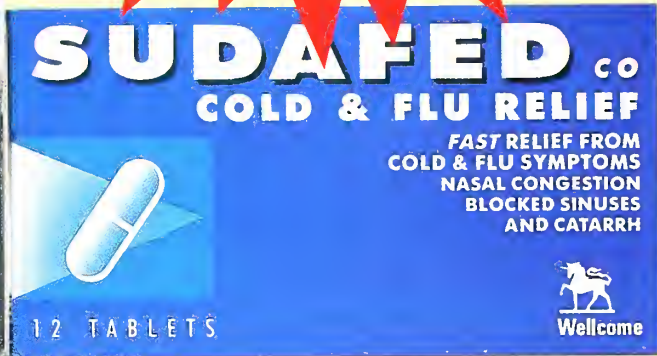
For further information contact:
SB House, Brentford, Middlesex TW8 9BD
Telephone: 081 975 4014

FLU EPIDEMIC!

Incidence up 40% year on year



Actifed and Sudafed T.V. ADVERTISING brought forward to coincide with Flu epidemic



T.V. SPEND £1.2 MILLION

Ensure you have adequate stocks of Actifed and Sudafed to meet the increased demand.

Highly attractive **discounts** available on Actifed and Sudafed from your local Wellcome Consumer Representative or ring Commercial Relations Dept. Crewe 0270 583151

ORDER NOW!



Actifed and Sudafed are Trade Marks Wellcome

Schiff supplements in pharmacy

A range of supplements enriched with whole foods has been launched into the UK by Weider.

Schiff whole food supplements contain extracts including barley juice, bee pollen, vegetables, fruits and oils.

A total of 14 products are available: whole food enhanced beta carotene (60, £4.15), cod liver oil (60, £4.15), B complex (50, £7), vitamin C 500mg (60, £5.93) and 1000mg (30, £6.06), vitamin E 400iu (50, £6.50), calcium complex (90, £7.25), iron plus (50, £2.95), multivitamins with minerals (30, £5.45; 60, £9.80), children's chewable multivitamins with minerals (50, £3.99), evening primrose oil (30, £5.35), ginseng (50, £4.50), garlic (50, £3.15) and royal jelly (30, £6.15).

To support the launch, Weider are offering retailers a counter display unit and a 50 per cent POR on a fully stocked unit. Additional stock is available at a 12.5 per cent discount. A full range



of free PoS material is also available to stockists, including a consumer leaflet, a trade information leaflet and

product card cut-outs.

Further support will be from Press advertising. **Weider Health & Fitness. Tel: 0535 632294.**

Self-massage with wheels

Arcus System is the latest range of personal massagers to enter the fast-growing market.

Arcus massagers are based on a series of adjustable wheels, which are rolled across the body to relieve tension and invigorate.

The Colibri (£6.99) comprises eight adjustable

wheels and a rotating handle. Easily portable, it is suitable for use on small areas of the body, says the company.

The Body Rolax (£12.99) comprises two sets of wheels which rotate, and is suitable for massaging larger areas. **Trojan Marketing. Tel: 0903 216273.**

Relaxing massage with Cellex

Cellex is a body massage roller which can be used to treat cellulite and relieve stress.

It comprises a moulded nodular roller mounted in a handle, which is rolled across the body to stimulate and improve circulation.

The massager can be used in conjunction with creams and retails at £12.50. **Jica Beauty Products. Tel: 081-979 7261.**

Trust in pharmacy

Some 93 per cent of parents would ask their pharmacist or pharmacy assistant for help when buying medicines for their children or baby.

The results of a survey by Dendron put pharmacists at the top of the scale of advice seekers, higher than doctors and health visitors.

Brand loyalty was also found to be high among parents, with 90 per cent stating that they would go elsewhere if a tried and trusted brand was not in the store. **Dendron Ltd. Tel: 0923 229251.**

Winter display unit for Konipaks

Konica have produced a display unit for their Konipaks.

The metal stand comes with a colourful header which can be changed to draw attention to the money-saving promotions.

With a space saving triangular base, the unit can be placed against a wall or sited to allow customers to walk around it.

Ready-assembled, it comes with an initial order for 50 Konipaks. **Konica UK. Tel: 081-751 6121.**

Check out Dior tights

Christian Dior have introduced Houndstooth Opaque tights, checked tights in black and ecru.

Available in three sizes, the tights will retail at £6.99. **Couture Marketing Ltd. Tel: 0455 272322.**

Haircare and male toiletries fuel growth

Britons spent £3.3 billion on toiletries and cosmetics in 1992, with the largest sector, haircare, taking a fifth of those sales.

According to the latest Mintel report on cosmetics and toiletries, the fastest growing sectors between 1988 and 1992 are oral hygiene, male toiletries, skincare and bath/shower additives.

Sales of haircare products have increased by 34 per cent in value since 1988, with the most significant contributor to this being 2 in 1 shampoo and conditioners, says the report.

The female fragrance market has suffered in the recession, with sales of £390m in 1992. But although consumers may be buying fewer fragrances, they are trading up to the fine sector when they do.

The male toiletries sector has grown by 45 per cent in the past year, with younger men being the highest purchasers. An important factor in driving growth has been the increase in self-purchase. Male fragrances account for 60 per cent of the market.

Some 58 per cent of consumers look for products that have not been tested on animals, with concern highest among women and young people. Few consumers claim they are motivated by attractive packaging, while 14 per cent say they are influenced by biodegradable packaging claims.

Some 63 per cent of respondents were confident of the quality of own-label products, although only 40 per cent though they were of as good quality as branded products. More women than men buy own-label toiletries and cosmetics, with a third of men saying they were unlikely to purchase any own-label products.

Pharmacies account for 38 per cent of sales in the cosmetics and toiletries sector, although Boots claim 28 per cent of this share.

Grocery multiples now account for 25 per cent of sales, and in particular products such as shampoo, deodorant and toothpaste.

Mintel Toiletries & Cosmetics 1993. Tel: 071-606 6000.

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

Alka Seltzer:	All areas
Andrews Antacid:	All areas except CTV, TTV
Askit capsules:	STV, G
Beechams:	All areas
Benlylin:	All areas
Contac:	All areas
Duracell:	All areas
Lemsip Flu Strength:	C4, LWT, CAR, M
Lil-lets:	C, A, LWT, CAR, BskyB
Nicotinell patch:	All areas
Panadol Ultra:	All areas except U
Remegel:	All areas
Rennie:	All areas except CAR, GMTV
Sinutab:	C4
Slim-Fast cans:	All areas
Tixylx:	All areas
Veno's:	All areas
Wrigley's Extra & Orbit:	All areas
Zovirax:	All areas except Y, CTV, TT, C4, GMTV

New Year offers at Unichem

The five leading Unichem offers for January include Nicorette, Lil-lets, Salon Selectives, Unichem baby wipes and Pampers.

On Salon Selectives, six packs of shampoos, conditioners and mousses are down to £6.46 from £8.39.

Lil-lets mini are on offer at £16.23 for an outer of 18 (16s), while regular 8s are on offer at £13.56 for 24 and Super 8s are down to £15.48 for 24.

Nicorette gum 30s are down to £30.17 for a pack of 12 from £35.76 and Nicorette patches (7s) are down to £45.91

for a pack of six.

Pampers are on offer with Ultra Thin Maxi 42s available at £27.56 for a pack of four. Phases maxi, midi and junior are all on offer at £27.56 for a pack of four.

Goldpartners receive an extra 5 per cent POR on all orders of Pampers carry packs during the promotion.

Unichem luxury cloth wipes are offered at £14.77 for a pack of 12 instead of £22.15. This can be passed down to the consumer as a buy two, get one free offer. **Unichem. Tel: 081-391 2323.**

Norwegian solution for Winter blues

To combat the cold weather, Neutrogena are offering consumers special deals on their Norwegian Formula range.

Norwegian Formula lip care is offered at the discounted price of £1.99, a saving of 30p. Consumers purchasing the hand cream are given the chance to try the Emulsion free, with a

15ml sample size attached.

Purchases of the full-size Emulsion are given extra value with a free sample size of Neutrogena Moisture banded to packs.

The Norwegian Formula range is being promoted with television and Press advertising in the New Year. **Neutrogena. Tel: 0494 474787.**

Win a trip to the World Cup

Retailers are being offered the chance to win a trip for two to the World Cup in the US next July.

The competition is being run by Ever Ready, sponsors of the World Cup. To enter, customers have to complete a form and send it in by February 28 next year.

In addition to the first prize, there are 50 runners-up prizes of Energizer baseball cap and t-shirt sets. **Ever Ready. Tel: 081-882 8661.**

Manicure at speed

Zoom Ultra is a high-speed nail varnish drying product from America.

It can be applied to any type of wet nail polish. It is formaldehyde and toluene-free, and will dry through all layers of polish, says the company.

Retailing at £5.95 each, Zoom Ultra comes in a display outer containing six units (£19.50). **Supernail Ltd. Tel: 071-262 3411.**

Lemsip support

Reckitt & Colman are supporting Lemsip Flu Strength with a television advertising campaign which breaks on December 27. It builds on the "armchair" theme. **Reckitt & Colman. Tel: 0482 26151.**

Atrix ads

A £450,000 Press campaign for Atrix hand cream has been produced. Targeted at 25 to 55-year-old women, the advertisement runs until the end of March. It features Atrix's new packaging and highlights the addition of camomile and provitamin B5 to the formulation. **Smith & Nephew. Tel: 021-327 4750.**

NiCd upgrade

Ever Ready have updated their NiCd rechargeable batteries with new-look packaging. **Ever Ready Ltd. Tel: 081-882 8661.**

Nytol on TV

Stafford-Miller are extending their television campaign for Nytol nationwide following a successful regional test. The campaign will run throughout January and February and will be supported by display material and consumer leaflets. **Stafford-Miller. Tel: 0707 331001.**

Eyecare A-Z

Numark have added an insert for their A-Z manual of planograms on the eyecare market. The planogram shows how to display stock and how much shelf space should be allocated to different products, as well as market information. It is available free to members. **Numark Management. Tel: 0827 69269.**

Sweet as candy

Bendicks are offering independent pharmacies special promotional packs

of their Werther's butter candy from January. Through wholesalers and cash & carries, they can purchase 24 roll packs for the price of 22 and 12 150g bags for the price of 11. The offers coincide with television advertising for the brand. **Bendicks Ltd. Tel: 0962 844800.**

Chilblain first

Balmosa chilblain cream is being advertised for the first time in women's magazines. A consumer leaflet on chilblains is also available from **Pharmax Ltd. Tel: 0322 550550.**

Soap ad on TV

Cussons are building on their successful Imperial Leather television campaign starring Paul Merton with a follow-on advert to run until the end of February. **Cussons Ltd. Tel: 061-792 6111.**

In the clear

With the flu epidemic sweeping the country, Roche Nicholas have produced a Press advert to highlight the efficacy of Aspro Clear in the relief of flu symptoms. The advert also contains an offer for readers over 18 to send off for a free sample pack. **Roche Nicholas. Tel: 0707 366000.**

Five from Seton

Seton have acquired five OTC lines — Codella, Morhulin, Teejel, Burneze and Wasp-eze — from Napp Laboratories. All orders and inquiries should now be addressed to **Seton Healthcare. Tel: 061-652 2222.**

Buzz support

Rio Trading are supporting their Buzz gum and bar with sampling promotions in shopping centres, and are sponsoring the London Contemporary Dance Theatre at Sadler's Wells. **Distributors Food Brokers. Tel: 0705 219900.**

G. R. LANE HEALTH PRODUCTS LTD GLOUCESTER

NOTICE OF CHANGE OF DISTRIBUTOR TO THE PHARMACY TRADE

With effect from 1st January 1994, sales and distribution of Lanes brands in the pharmacy trade will be undertaken by Dendron DDD Ltd, 94 Rickmansworth Road, Watford, Herts. Tel 0923 229251.

Dendron will be handling the brands previously distributed for Lanes by Ernest Jackson: Olbas Oil decongestant and Pastilles, Kalms herbal sedative tablets for relief of worry, stresses and strains, Naturest herbal sedative tablets for temporary sleeplessness, Shen garlic tablets, and Preconceive folic acid tablets.



Olbas
Oil

Olbas
Pastilles

Kalms

SHEN

Naturest

PRECONCEIVE

Light up displays with Nurofen

A flashing strobe light is the latest addition to window display material for Nurofen.

Based on the current "storm clouds" television advertisement, the unit incorporates a strobe light which flashes to simulate lightning. It is available through representatives from January. **Crookes Healthcare. Tel: 0602 507431.**

Shaped pads from Kylie Kanga

Kylie Kanga have introduced a range of disposable shaped and all-in-one plastic-backed incontinence pads.

The absorbency of the shaped pads ranges from 570-1,150ml, while the all-in-one pads range from 790-1,350ml. The pads are coded blue, yellow and green and packed in sets of 20 or 30. **Roche Products. Tel: 0707 366938.**

FOR CUSTOMERS WHO PREFER CREAM OVER GEL



For customers who prefer cream over gel to relieve their soft tissue pain and inflammation, recommend Proflex Pain Relief – a topical NSAID which provides the proven power of ibuprofen in a



soothing cream. And with extensive consumer advertising to whip up your customers' appetites, make sure you stock Proflex Pain Relief now – and get a taste of the profits!

THE POWER OF IBUPROFEN IN A PENETRATING CREAM

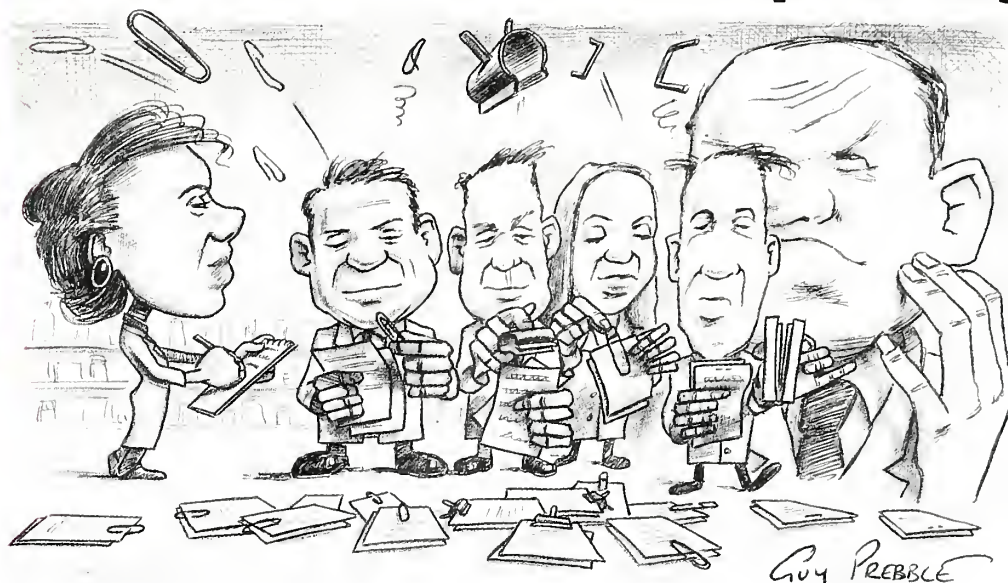


Indications: Proflex Pain Relief is a topical analgesic and anti-inflammatory treatment for the fast relief of the symptoms of rheumatic and muscular pain, backache, sprains, strains. **Presentation:** Cream containing ibuprofen BP 5.0% ww. **Dose:** Adults and elderly – 4-10cm (1 1/2-4 inches) of cream 3-4 times daily massaged into the skin at the affected site. Children – not recommended under 14 years. **Side effects:** Slight erythema. Mild skin reaction. **Contraindications:** Hypersensitivity to ibuprofen. **Precautions:** Do not apply to broken skin, lips or near eyes. Consult doctor before usage if asthmatic, sensitive to aspirin, pregnant or receiving regular medical treatment. **Legal status:** P. **Pack size:** 25g. **Price:** £3.59. **PL Number:** 0030/0052. **PL Holder:** Zyma Healthcare, Holmwood RH5 4NU. Licensor: Dolorgeit (Bonn) Germany. Proflex is a registered trademark. Date of preparation: November 1993. **For further information on Proflex Pain Relief, please telephone Zyma Healthcare on 0306 742800 and ask for Sales Services.** 01193/618

MUSCULAR & JOINT INJURIES • RHEUMATIC PAIN • BACK ACHE • SPRAINS & STRAINS

Report by Claudia Spooftbender, senior assistant to the proprietor, Lakes Chemist, Cleethorpes

Audit of mechanical fastening devices utilised within the dispensing process



During the dispensing process, a mechanical fastening device is used to attach the prescription to one half of a receipt, the second half being retained by the patient and matched when the medication is collected.

Staff at this pharmacy, having been convinced of the efficacy of audit, determined to illustrate the benefits of the scheme by conducting an in-depth investigation into the efficiency and durability of these mechanical fastening devices, to ascertain whether the dispensing process obtained a cost-effective benefit from the employment of such a device.

Four devices were selected.

- The first was a metal object, bent in such a manner as to allow the insertion of one or more sheets of paper between two parallel sides.
- The second closely resembled the first, but was larger, composed of plastic bearing a plaque at one end with a variety of legends such as

"Urgent" or "Immediate". This was the favourite of our proprietor, being obtained from a certain manufacturer free of cost.

- The third device consisted of two metal plates, each ending in a tensioned, curved spring. Pressure on the two handles opened the jaws and allowed the papers to be slipped in. The release of pressure, theoretically, enabled the papers to be held fast.

- The fourth was a small, penetrative, metal fastening delivered by a machine consisting of two hinged halves. The sheets of paper were held between the separated jaws, the pressure pad depressed by a sharp blow and the joined documents extricated.

Method

Some 100 operations for each device were performed. Each operation was tested for time spent assembling the unit and disassembly following the

termination of the dispensing process. Temperature and the prevailing mood of the proprietor were also noted.

Each operation was examined for:

- the durability of the join, being marked with points out of ten
- the effectiveness of the device compared against a standard, both at the point of usage and in relation to its capacity for reuse, these being marked on a points scale out of ten.

Results

Notes to table 1 Of sample A, one result had to be ignored since our proprietor, in a rare moment of skittishness, had endeavoured to transform the previously perfect shape of the device into the semblance of a Lowry figure, rendering it totally useless for the purpose for which it was designed.

Of sample D, one result also had to be discounted. It was found impossible to time the operation since the junior assistant, in whose finger the device had become embedded, refused to stand still long enough to determine the exact termination of the action.

Notes to table 2 Of device A, four had been refashioned in the manner of a Lowry figure by our employer, two had lost their spring and the remaining 17 could not be accurately located.

Device B, being plastic, was noted to be prone to losing bits rendering the device useless, 12 suffering in this manner. The remaining three could not be accurately located.

Device C suffered no loss from damage. The cost of the lost three, we are informed, will be deducted from our miserable pittance at the end of the month.

Discussion

It is immediately apparent that little time benefit was obtained by the use of any one product, the result for each being surprisingly consistent. The principle variation was caused by fumbling due to numb fingers and the grumpy mood of our proprietor.

As to reuse, it was determined the three clip-type products all performed well. A high percentage of those that could be found, after our employer had thrown them over his shoulder or at a member of staff, were in reasonable condition for reuse.

An attempt was made, under the direction of our generous, lovable and good natured employer, to refill the stapler using a selection of fastening devices which had already passed through the machine. The results were not encouraging, principally causing the machine to cease its activities.

Conclusion

Since, on average, each operation took one second, the use of a mechanical fastening device represents a benefit when viewed against the possibility of a prescription becoming misplaced or handed to the wrong customer.

It was determined that no benefit arose from the use of any one particular product, the only variation being observed concerned the ambient temperature of the dispensary and the degree of grumpiness exhibited by our Lord and Master.

Termination

When presented with a copy of this work, our proprietor was observed to begin weeping. The first thought was that his reaction sprang from his joy at our diligence, enthusiasm and dedication in the performance of the task of audit, which had taken no less than 17 hours' work at his expense.

We became alarmed when he became hysterical, began to laugh like a jackass and was last seen heading for the tap room of the Pig and Whistle muttering to himself: "So that's what audit's all about. It tells me what I've been doing automatically for years. God bless the Society and all sinking with her."

Footnote

This is, as should be obvious, a spoof. So far I have read the results of two audits, one which told me the oxygen service in Life is up to scratch and the second that I spend 19 hours a year on the telephone talking to doctors about their errors.

To be honest, I have more important things to concern myself with.

Table 1

Time	Per cent of fastenings complete				Per cent temperature	Per cent mood
	A	B	C	D		
Under 1 sec	43	43	43	43	43	43
Over 1 sec	56	57	57	56	57	57

Where A = metal paper clip, B = plastic paper clip, C = bulldog clip, D = metal staple

Temperature expressed as a percentage of time below 45°C and mood expressed as a percentage above barely tolerable

Table 2

Product	A	B	C	D
Per cent of good quality hold obtainable	92	91	100	77
Per cent devices capable of reuse	77	85	97	0



The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

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They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate

No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/v chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing or complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** Corsodyl Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. Legal Category P Date of last revision March 1993. Source: Milpro Independent Research, 1992. [†]Corsodyl Dental Gel contains 1% w/v chlorhexidine gluconate.



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a leading authority on oral hygiene.

This short quiz will allow you to test your recall of the *Pharmacy Update* articles which have appeared during the past 12 months. The answers to all the following questions can be found by referring back to the articles. *Chemist & Druggist* is offering bottles of champagne to the first three correct entries opened after the closing date — three bottles for the first correct entry, two bottles for the second and one for the third.

Completed entry forms should reach us by January 6

Pharmacy Update quiz

1. What distinguishes Graves' Disease from other forms of hyperthyroidism?
2. Name four drugs which zidovudine interacts with.
3. How may reserpine precipitate a migraine attack?
4. What is the main endogenous inhibitory transmitter in the central nervous system?
5. How much elemental iron is delivered by 200mg of dried ferrous sulphate three times daily?
6. Cytotoxic hypersensitivity is the result of the production of antibodies against ...
7. If an antibiotic is judged

necessary for a young child with acute otitis media, which two antibiotics are currently recommended?

8. What is the treatment for uncomplicated gonorrhoea?

9. For women taking the progestogen-only contraceptive Pill, being as little as ... hours overdue is considered as having missed one.
10. Very low birthweight infants have increased requirements for which two elements?
11. How can the rate of uptake of a liposome be controlled?
12. Why is loperamide, an opiate derivative, essentially free from addictive potential?
13. Mortality rates from strokes and hypertension are very high in immigrants from where?
14. Most infections in the first three to four days post-burn are due to which organisms?
15. Which fungus is the most poisonous and is responsible for over 90 per cent of deaths from fungus poisoning?
16. Which type of herpes virus is responsible for chickenpox?
17. Which digestive enzyme is inhibited by acarbose?
18. What is the leading cause of death due to a single infectious pathogen?
19. What are the two methods of dilution used in homoeopathy?
20. What are the three most common sites of osteoporotic fracture?
21. What does the presence of nitrites in urine indicate?
22. What is the minimum oestrogen content recommended for women with epilepsy taking combined oral contraceptives?
23. How long should the written result of a pregnancy test, carried out in a pharmacy, be kept for?
24. Adrenaline can only be used in which type of glaucoma?

• Send your entries to: The Editor, *Chemist & Druggist*, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

• An index of this year's Pharmacy Update articles is on p viii. Anyone missing back issues can send for a photocopy of the relevant supplement. The price is £2.50 per issue.

Answers

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- 24.....
- Name.....
- Address.....
- RPSGB Registration number.....
- Suggestions for topics in *Pharmacy Update*.....

Pharmacy Update
Malaria: scourge of the



A clearer vision



Glaucoma is a disease which can easily be treated if diagnosed early, but which is dangerous if not, as Jo Grimes explains

Glaucoma is the term for a group of ophthalmic disorders characterised by an increased intra-ocular pressure which results in damage to the optic disc and visual disturbances. Intra-ocular pressure increases through an imbalance between the production and drainage of aqueous humour.

Aqueous humour is continually secreted from the ciliary body behind the iris and transported between the iris and the lens through the pupil, and into the space between the lens and cornea (the anterior cavity).

In the normal eye the pressure in the anterior cavity is maintained by the gradual drainage of aqueous humour. The drainage back into the blood is through the drainage channels (Canal of Schlemm) in the trabecular meshwork at the angle of filtration.

The posterior cavity, behind the lens, is filled with vitreous humour, a viscous fluid, and is not recycled like the aqueous humour.

The cause of glaucoma is unknown, but a family history and hyperopia (long-sightedness) may be predisposing factors. Glaucoma

may also arise secondary to an existing disease, for example, uveitis (inflammation of the uvea) and cataracts. Glaucoma occurs in about 2 per cent of the over-40 population.

In glaucoma, the flow of the aqueous humour in the eye is commonly impeded in two ways. Both forms cause accumulation of the aqueous humour and result in raised intra-ocular pressure. The two forms of glaucoma are termed closed-angle or open-angle.

Closed-angle

Closed-angle — acute congestive, narrow angle or obstructive glaucoma — is characterised by a shallow anterior chamber and a narrow filtration angle which may be physically blocked by the iris.

It is caused by confinement of fluid in the posterior chamber, usually associated with drainage occlusion. Pressure can reach between 40-100mmHg or greater in closed angle glaucoma: normal levels range from 10-20mmHg.

Primary closed angle glaucoma accounts for around 10-15 per cent of all cases of the disease.

The symptoms of closed-

angle glaucoma in the acute form are a sudden rise in intra-ocular pressure accompanied by severe eye pain, headache, nausea and vomiting, and prostration.

The symptoms may be preceded by visual disturbances as a result of corneal oedema and pupil dilation. One eye only is usually affected but an untreated condition may result in blindness.

With acute glaucoma, loss of sight can be sudden, but surgery or laser treatment will completely reverse any loss of sight that may be experienced.

Sub-acute or warning episodes can occur in some individuals. A person may see rainbow-coloured halos around light. These attacks can be related to taking medicines which cause pupil dilation.

Open-angle

Open-angle glaucoma — simple, chronic simple or wide-angled — occurs as a result of a gradual impeding of the drainage of aqueous humour, and not as a structural abnormality.

It is estimated that there are about 250,000 cases of chronic glaucoma in the UK but only

about half have been detected.

As the drainage is impeded over many years, there is a slow increase in intra-ocular pressure. The cause of this type of glaucoma is unknown. Pressure elevation in this condition is not usually severe, ranging from 25-35mmHg.

Open-angle glaucoma will result in a gradual loss of peripheral vision, although initially it may be asymptomatic. Headaches and central vision deterioration may occur. Blindness results eventually if treatment is not instituted as both eyes are affected in this case.

Generally in chronic glaucoma, any sight already lost cannot be retrieved by surgery or drug treatment. The amount of sight present can only be maintained.

Each form of glaucoma can occur as primary or secondary disease and there is also a congenital variety. The most common condition is chronic simple glaucoma where the obstruction is in the trabecular meshwork.

This condition presents as a gradual loss of eyesight. Treatment will be successful if instituted early enough, but the condition accounts for one in 12 cases of registered blindness.

A patient presenting with an eye condition such as an apparent loss of sight can be referred to an optician rather than their GP as the optician is well placed to carry out a full eye examination and involve the GP if necessary.

Other forms

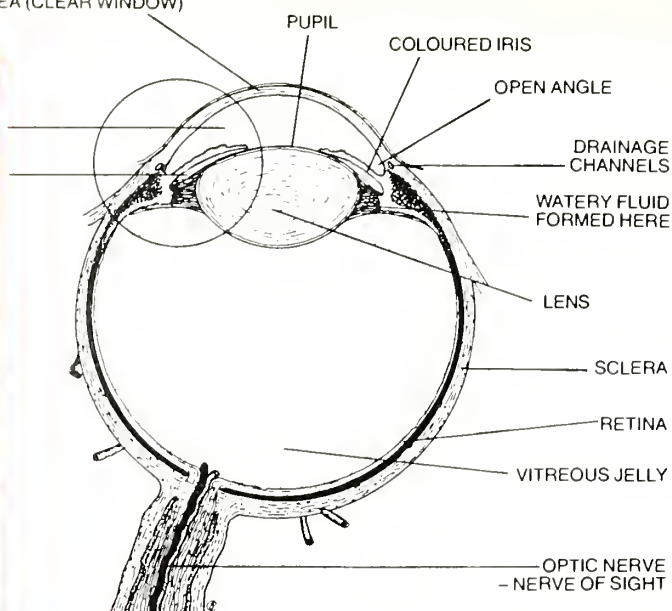
Low tension glaucoma is the term used for patients who exhibit two of the main symptoms of glaucoma — visual defect and an optic disc which shows pallor and cupping — but do not have raised intra-ocular pressures.

There may be no symptoms with this form of glaucoma, and it is possible for a person to lose a considerable amount of peripheral field of vision before realising there is a problem. Any sight lost through low tension glaucoma cannot be recovered.

Pigmentary glaucoma is a form of chronic glaucoma associated with the pigment dispersal syndrome, which occurs to a mild degree through the normal ageing process. Pigment dispersion can sometimes cause a rise in pressure.

Developmental glaucoma develops within the first year of life and can sometimes be present at birth. It can be a genetic condition and is relatively rare. Children are usually treated with surgery.

Continued on p ii



Continued from p i

Treatment

Miotics, applied topically to the eye, help to open up the inefficient drainage channels in the trabecular meshwork resulting from contraction or spasm of the ciliary muscle. This also produces accommodation spasm that may result in blurring of vision and browache. Drugs in this group include pilocarpine, physostigmine and carbachol.

Adrenaline acts on the eye by reducing the rate of production of aqueous humour and by increasing the outflow through the trabecular meshwork. Adrenaline can only be used in open-angle glaucoma because it is a mydriatic (causes pupil dilation).

Adrenaline should be used with caution in patients with hypertension and heart disease. Dipivefrine is a pro-drug of adrenaline and passes more rapidly through the cornea before being converted into the active form.

Guanethidine enhances and prolongs the effects of adrenaline. Used alone it produces initial mydriasis with increased aqueous outflow followed by miosis with reduced aqueous secretion. The conjunctiva and cornea should be examined every six months during treatment as prolonged use can result in conjunctival fibrosis with secondary corneal changes.

Beta-blockers applied topically to the eye reduce intra-ocular pressure in chronic simple glaucoma. Beta-blockers used in the treatment of glaucoma include timolol, levobunolol, betaxolol, carteolol and metipranolol.

Systemic absorption of the drops can occur and so beta-blocker eye drops would be contra-indicated in asthmatics, patients with bradycardia, heart block or heart failure.

Carbonic anhydrase inhibitors, such as acetazolamide, which is taken orally or IV (Diamox) reduce bicarbonate levels in the aqueous humour and the water

secreted with it causing a reduction in intra-ocular pressure. Dichlorphenamide has similar but more prolonged action. Both these drugs have a diuretic action and side-effects in the elderly can include paraesthesia, hypokalaemia, lack of appetite, drowsiness and depression.

Mannitol and glycerol are short-term ocular hypotensive drugs given orally.

Patients using steroid eye drops can develop chronic simple glaucoma as a result of the drops. Therefore the use of topical corticosteroids for undiagnosed red eye can rarely be justified.

Surgery and lasers

Surgery is recommended in infantile glaucoma and acute closed-angle glaucoma which do not respond to treatment. Chronic glaucoma can be treated surgically, although the decision to operate will depend on a number of factors including the patient's state of vision and age.

Operations generally involve making incisions either in the iris or the drainage channels to reduce ocular pressure.

Laser treatment can be used to treat acute glaucoma by making a hole in the periphery of the iris tissue. Chronic glaucoma is treated by using laser treatment in the drainage area. Laser treatment does not require general anaesthetic or hospital admission.

Glaucoma sufferers are still able to drive assuming they have the minimum visual standards recommended by the College of Ophthalmologists.

Relatives of those suffering from chronic simple glaucoma have an increased risk of developing the condition. A close blood relation of someone suffering the disease is entitled to free eye tests.

• The International Glaucoma Society has a membership of 12,500 and is involved in the distribution of patient information materials and research. For details contact: The International Glaucoma Association, c/o King's College Hospital, Denmark Hill, London SE5 9RS (tel: 071-737 3265).

Therapeutic drug monitoring

John Quinn, research pharmacist at the Centre for Pharmacy Practice, the School of Pharmacy, University of London, explains the basic principles of pharmacokinetics and therapeutic drug monitoring. The application of pharmacokinetics and the reasoning behind the underlying principles will be examined in a second article which will emphasise aspects of therapeutic drug monitoring in community pharmacy



This article is not intended to be an exercise in mathematics: rather the value of dealing with pharmacokinetics from a descriptive and conceptual framework is emphasised.

Firstly some definitions:

- Pharmacokinetics is the science of observing the movement of drugs in the body and the factors affecting them.
- Therapeutic drug monitoring takes the principles of

pharmacokinetics and applies them to individual patients.

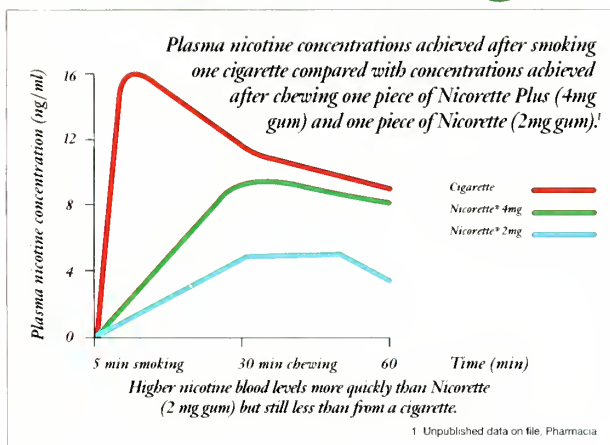
Pharmacokinetics is concerned with the absorption, distribution, metabolism and elimination of drugs in the body (ADME). In essence, these principles cover the passage of the drug into the body, its fate once absorbed, and the removal of the drug from the body.

Continued on p iv

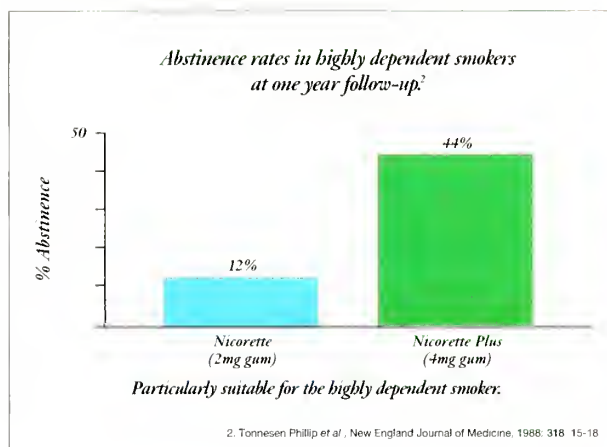
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Continued from p ii

Absorption

The routes of administration of a drug all require some degree of absorption except for the rapid bolus intravenous injection (IV), intravenous infusion (IVI) and intra-arterial (IA) routes which do not undergo absorption, and hence are 100 per cent available to the body. This is termed the bioavailability and has a value of one for these parenteral routes.

All other routes have a bioavailability of less than one, and this fraction usually can be estimated by direct comparison with an IV injection of drug. Identical drugs may have the same bioavailability but may not be bioequivalent. That is to say, the effect of the drugs may be different although they have the same form and strength. It is particularly useful to be aware of this difference when considering generic formulations.

Common anatomical sites of absorption are the stomach, duodenum, jejunum, ileum, rectum, vagina, buccal cavity, eyes, nasal mucosa, subcutaneous tissue and muscle. If these tissues are damaged or dysfunctional due to disease or trauma, then the rate and extent of drug absorption can be increased or decreased.

Distribution

Following absorption, the drug is dissolved in the blood plasma and has to be transported to its site of action. To do this it must distribute around the body. To find out the concentration of drug in the blood plasma at zero time, the amount of drug in the body at zero time (the dose following IV administration or the dose fraction following oral administration) is multiplied by the volume in which it is dissolved or distributed.

This latter term is called the volume of distribution (Vd). It is

A very large (unrealistic) volume of distribution indicates the drug is mainly dissolved in the total body water or it accumulates in the tissues or specific receptor binding. Table 1 provides a comparative summary of volume of distribution with examples.

Metabolism

Physiological systems can remove a drug in two ways:

- by chemically altering the drug and then excreting as waste
- by excreting the drug unchanged.

These functions occur in the kidneys, the liver or more usually both.

The liver is the main organ which metabolises drugs, chemically modifying them to a form in which they can be excreted. Some metabolites are pharmacologically active and can have an extra or increased effect.

Liver disease can alter the rate at which drugs are metabolised in the liver, and hence directly affect the pharmacokinetics of drugs.

First pass metabolism occurs when a drug enters the enterohepatic circulation immediately after absorption. The drug does not enter the general circulation before first being transported through the liver. This initial metabolic pass can be extensive, leaving only a small amount of parent drug available to enter the general circulation.

This means that oral dosing schedules have to be high enough to produce a sufficient pharmacological effect. For example, a 1mg intravenous dose of propranolol (no first pass metabolism) can produce an equivalent pharmacological effect of an oral dose in excess of 40mg, were it subject to first pass metabolism.

Excretion

The kidney is the main organ of excretion in the body. When drugs are in a more water soluble form, they can be

Table 2

Drug	Formula
Theophylline	$0.04 \times \text{IBW}$
Digoxin	$(0.06 \times \text{CrCl}) + (0.02 \times \text{IBW})$

CrCl = creatinine clearance
IBW = ideal body weight

equilibrium between "drug in" and "drug out" to be reached after repeated doses. Time to steady state can be calculated by multiplying the half-life by a factor of 4.5, which is true for most drugs.

The concept of plasma clearance describes the volume of plasma that is cleared of drug in a given time. It is related to the volume in which the drug is dissolved (the apparent volume of distribution) and the overall elimination rate, and is measured in volume per unit time, for example litres/hour.

Clearance is mainly used to give an indication of the amount of drug cleared by an organ of excretion. The total overall clearance is calculated by adding the individual clearances of organs of excretion (for example liver and kidneys). Table 2 gives two examples of clearance algorithms used for different drugs.

interpretation of pharmacokinetic information.

When pharmacokinetic models are used, it is usually assumed that ADME process is a first order process, although there are important exceptions to this.

Pharmacokinetic models

These are used as tools so that the fate of a drug can be described in a biological situation. They are simplified hypothetical models which enable us to generalise about the outcome of drugs in the body.

• One compartment models

For the purposes of drug distribution, the body is interpreted as one unit, the blood volume, tissues and so on, are treated as one. This assumes that drug equilibrium and distribution are instantaneous, as in Figure 1.

• Two compartment models

The body is regarded as two compartments, a so-called central compartment and a peripheral or tissue compartment. These compartments do not have any real physiological meaning, however the central compartment can be regarded as representing well-perfused tissues, for example the heart, lungs, kidneys, liver and brain.

Table 3

Definition	Description
Zero order process	The reaction proceeds at a constant rate independent of the concentration of drug in the body
First order process	The reaction proceeds at a rate that is proportional to the amount of drug remaining in the body

Table 4: First and zero order reaction rate examples

Concentration of drug in body	Amount excreted/min zero order (mmol/l)	Amount excreted/min first order (mmol/l)
10 at 10 min	1	1
9 at 9 min	1	0.9
8 at 8 min... etc	1	0.8

The body's absorption, distribution and elimination systems do not act in isolation or in sequence; rather they are all working at the same time in a dynamic equilibrium. Pharmacokineticists therefore have developed mathematical ways to enable interpretation of this complex system.

These mathematical models do not need to be expressed in equation form to be meaningful, but do need to be understood so that rational advice and information can be given about drug dosing and drug schedules.

Rates of reaction

This takes the process of ADME and predicts the velocity which the process (or reaction) occurs. Table 3 gives a summary of definitions.

Defining the order of the reaction helps to describe data linearly which aids in the

The peripheral compartment represents less well-perfused tissues such as muscle, fat and skin. This can also be comfortably used for many drugs, despite the simplicity and assumptions inherent in the model.

• Multicompartment models

These are complex systems where the drug distributes to more than one compartment. Gentamicin is an example of a multicompartment drug which can be described as distributing to three compartments.

Basic TDM

The real value of theoretical pharmacokinetics is in the application of its principles to therapeutic drug monitoring. TDM is the optimisation of drug dosing to individual patients. This is achieved by measuring plasma drug levels and using pharmacokinetic principles to interpret these levels.

Table 1

Apparent volume of distribution	Drug whereabouts	Example in 70kg person
Small	Mainly in vascular compartment	gentamicin = 14 litres
Medium	Mainly in vascular and extracellular fluid	theophylline = 31.5 litres
Large	In total body water or tissues or receptor bound	digoxin = 500 litres

not a real volume and is referred to as the apparent volume of distribution. It describes the theoretical volume of fluid in which the dose is apparently dissolved.

It is useful for interpreting where a drug might be distributing. For instance, a relatively small volume of distribution signifies the drug is mainly distributed to the vascular compartment; a larger volume of distribution indicates dissolution of drug in the extra cellular fluid.

filtered and excreted by the kidneys. The half-life of a drug is normally given as an indication of its elimination time span.

It measures the time it takes for drug concentration in the blood or plasma to decrease to half of its original value. It is measured in units of reciprocal time such as min⁻¹ or hr⁻¹.

The half-life can also be used to work out the time to reach a steady state plasma concentration of drug, this being the time taken for

One compartment model

Drug in → → → Drug out

Central
compartment

Two compartment model

Drug in → → → Drug out

Peripheral
compartment

By optimising drug dosage you maximise efficacy of the drug and minimise toxicity. This may mean changing the dose, changing the dosing interval or both. A change in formulation may also be required to achieve better drug control.

Not all drugs require TDM. This is reserved for drugs which have a narrow therapeutic index, where the concentration between the beneficial and the harmful effects of the drug are small. The most common drugs monitored are listed in table 5.

Although these drugs require close monitoring, it is unnecessary to monitor them all the time, for instance, if the patient has been on one of these drugs for a long period and they are free from symptoms and adverse effects. If, in this case, the predicted pharmacokinetic criteria do not suggest they are either over or under the reference range for that drug, then it is unlikely that there is a need to take plasma levels for monitoring.

When to use TDM

Therapeutic drug monitoring is sometimes used for therapeutic confirmation. This is often employed when a patient is admitted to hospital as an in-patient and plasma levels are monitored as part of routine examinations. This often shows that the drug levels are subtherapeutic.

If the patient is asymptomatic, this may prompt the question of whether the drug is required in the first place.

If toxicity is suspected, then plasma level estimation may be required, and TDM principles

Table 5: Common drugs monitored by TDM

Drug class	Drug
Aminoglycosides	gentamicin tobramycin amikacin
Cardiac glycosides	digoxin
Anticonvulsants	phenytoin phenobarbitone
Theophylline	theophylline aminophylline
Antipsychotic	lithium
Immunosuppressant	cyclosporin

applied to understand and control the situation. Toxicity may be suspected due to drug adverse effects, a high serum drug concentration or predicted high drug concentration. Toxicity can be caused by the patient's dosage regimen being too high, an altered physiological state or by overdose (see later).

Drug interactions can either increase the effect of the drug that is being interacted with or it can decrease its effect. Often, a patient who is on a monitored drug may become toxic, presenting with signs of toxicity or have a high serum drug level. It is often only after a pharmacokinetic investigation that a drug interaction is found to be the cause of the problem.

A more pro-active role is when a drug is prescribed which interacts with a monitored drug. The pharmacist should take measures to ensure the patient does not develop adverse

effects that could be prevented by pharmacokinetic intervention. This may include recommending dosage changes or monitoring for signs of an adverse drug reaction.

Overdoses may be accidental or deliberate. When a plasma level is known, then the principles of TDM can help with the management of these patients, for instance, how long to stop the drug for, what effects might be expected from that drug level, and what dose to restart the patient at.

Altered disease states will also alter pharmacokinetics and hence have implication for dosing. This can mean the patient getting better and no longer requiring the drug, or requiring a reduced dose, worsening of the primary disease, or renal or liver disease.

TDM principles tend to be based on population data — pharmacokinetic data to which the majority of the population will conform. It therefore

follows that some patients will not conform to this data and, in these instances, attempts to work out individual pharmacokinetic parameters should be carried out.

How it works

Gather all the information that you will need:

- clinical data — diagnosis, renal/liver function and so on, patient's age, weight, height
- drug data — dose, duration, form
- assay results — were samples taken at the correct time?

This information collectively will allow us to piece the jigsaw together. For instance, if after applying pharmacokinetic principles, the plasma level is not what you would predict then you must look for reasons why.

If the actual drug concentration is much lower than predicted, then the patient may be clearing it faster than predicted or drug data is recorded incorrectly or calculations are wrong. Interpretation should therefore be made using all available information, leading to recommendations on the future treatment of the patient and follow-up plans.

Therapeutic drug monitoring is a valuable tool in the management of patients who take drugs with a narrow therapeutic index. The above principles will provide a brief guide to understanding the background to this science, without resorting to using mathematical equations. Unfortunately, in reality, we must calculate various parameters in order to interpret them.

To understand the basic principles is better to become the master of such equations rather than the slave to them. Removing some of the mysticism of therapeutic drug monitoring and pharmacokinetics is essential if TDM is to be introduced as a community based interpretation service.

• Part two of the article will deal with the therapeutic monitoring of individual drugs and how to interpret the clinical drug data that you may be confronted with.





Asthma education reduces emergencies

Current guidelines for the management of asthma emphasise the need to involve people in their own care. This makes more work for everyone, since teaching, encouraging and supporting are more time-consuming than simply prescribing medication. As with any intervention, the effectiveness of patient education therefore needs to be measured.

In Australia, an asthma education programme has been evaluated in a controlled trial.

Patients admitted to hospital for severe exacerbation of asthma were randomised to no further intervention for 12 months (other than instruction in using a peak flow meter), or to a single education session on the causes of asthma, inhaler skills and adjusting medication according to self-measured peak expiratory flow rates.

After discharge, lung function was measured at clinic visits at five and ten months, when information about symptom control, knowledge of asthma and psychological wellbeing was obtained by questionnaire.

After ten months, those who had gone through the education programme remained better informed about asthma and its treatment, but the degree of asthma and psychosocial disturbance were not significantly less severe than in controls.

Similarly, there was no difference between the groups in the need to take time off work or school. But there had been only one admission to hospital from among the intervention group compared with seven among controls, and attendances at casualty were also significantly reduced.

The brief educational session appears to have had a limited effect on the day-to-day control of asthma but a substantial impact in reducing emergencies, perhaps by better management of acute exacerbations. This indicates that changing behaviour has a positive effect irrespective of better symptom control. *Thorax* 1993; 48: 1110-6

Do mouth rinses work?

Rinsing the mouth with an antiseptic before brushing the teeth should, in theory, reduce gingivitis. Several mouth rinses have been marketed recently which make this claim, but clinical trials of their efficacy — of the kind we are accustomed to seeing for drugs — have been lacking. Do they work?

A mouth rinse has been tested in a double-blind, placebo-controlled trial in 117 people over six months. The American product, Colgate Plax, contains sodium fluoride; 0.03 per cent triclosan, an antiseptic which also appears in household products such as Clearasil, Dettol and Ster-Zac; and 0.125 per cent copolymer of maleic acid and methoxyethylene.

All subjects had chronic gingivitis but their teeth were their own. They rinsed with placebo or active mouthwash for 60 seconds morning and night, then immediately brushed their teeth with conventional toothpaste for only 30 seconds (the average time for adults); they were told not to floss their teeth. Compliance was checked twice weekly for the duration of the study.

Compared with those using placebo, subjects using the active rinse had 21 and 24 per cent less plaque and 19 and 23 per cent less gingivitis after three and six months respectively — a significant difference. Gingivitis was also milder in the active treatment group.

Compared with baseline, the active rinse significantly improved plaque and gingivitis but the placebo group had not changed. The greatest benefit was seen on teeth which were initially worst affected. No adverse effects were reported.

This study provides convincing evidence that the mouth rinse does improve oral hygiene when brushing and

other cleaning methods are poor. It could therefore be recommended for those who have chronic gingivitis.

But it is not necessarily true that a similar benefit applies to people who have milder gingivitis and are more conscientious about cleaning their teeth.

British Dental Journal 1993; 175: 322-6



Intranasal insulin seems promising

Research continues to find a more acceptable means of administering insulin than subcutaneous injection.

One of the most promising routes seems to be via the nasal mucosa. Other peptides are already given intranasally, for example, desmopressin, but local irritation due to essential absorption enhancers has discouraged research.

Researchers in The Netherlands have measured the effects of intranasal insulin on healthy volunteers using a formulation of human insulin with a new absorption

enhancer, didecanoyl-alpha-phosphatidylcholine (DDPC).

Depending on the concentration used, bioavailability after intranasal insulin was 10 to 14 per cent compared with subcutaneous administration. Intranasal insulin achieved higher and earlier peak insulin blood levels: peak levels occurred after 25 minutes and returned to baseline after three hours.

Inter-individual variation was substantial: absorption varied by 40 to 50 per cent and time to peak blood insulin level by 23 per cent. DDPC appeared to be

well tolerated. There was no evidence of nasal irritation after 58 of 72 doses and only moderate stinging and congestion in 13 cases. The symptoms were unacceptable in only one subject.

The authors conclude that this formulation of insulin more closely mimics the physiological response to a meal than subcutaneous insulin. Further studies are needed to investigate its efficacy in controlling blood glucose and its long-term effects on the nasal mucosa.

Diabetes 1993; 42: 1649-55

Effect of pilocarpine on vision

After beta-blockers, pilocarpine is a common choice for the management of chronic simple glaucoma. Unfortunately, it causes miosis and, in subjects with normal intraocular pressure, this reduces the light reaching the retina and restricts the field of vision.

It has been assumed that the same is true for people with glaucoma who already have some field loss. But a recent investigation by ophthalmologists in

Southampton has found the situation is not so simple.

Field of vision was measured in 20 subjects with glaucoma and an average age of 70 after induction of miosis with one drop of 2 per cent pilocarpine; none were using miotic medication.

The field of vision decreased by twice the amount reported in people with normal eyes. The effects were most marked when baseline vision was weakest and in those whose pupil

constriction was greatest. This means that eyesight which is already close to the limit for driving could be reduced beyond safe levels by pilocarpine.

In the elderly, the problem is further complicated because vision is often impaired by lens opacity. These difficulties suggest that surgery to correct glaucoma might be considered if beta-blockers are ineffective. *British Journal of Ophthalmology* 1993; 77: 721-5

Duration of HRT

Epidemiological studies have convincingly shown that hormone replacement therapy reduces the risk of fracture in postmenopausal women. But how long should treatment continue to prevent the rapid decline in bone mass which follows the menopause?

Probably ten years, says the BNF, but this figure may be too low, according to a new study from the US.

Bone mineral density was measured in the spine, wrist and leg in 212 women in their seventies who had taken conjugated oestrogens for varying lengths of time and stopped up to 18 years previously. Overall bone density increased with a longer duration of HRT use, but this was significantly greater than in untreated controls only after use for seven years or more.

However, the benefits appeared to be confined largely to women under 75, in whom mean bone density had increased by an average of 11 per cent. In older women, the effect of prolonged HRT was judged to be slight: overall bone density was only 3.2 per cent greater than in controls. Osteoporosis may be a combination of oestrogen-related and age-related bone loss.

Long-term HRT protects against oestrogen-related bone loss but its benefits are short-lived after treatment ends. The risk of fracture in older women then increases to a level comparable with that in women who never took HRT. *New England Journal of Medicine* 1993; 329: 1141-6

Complications of Dettol poisoning

Household products are commonly used in deliberate and accidental poisonings and, though some are relatively safe, apparently innocuous chemicals can cause serious problems in sufficient doses.

Specialists in Hong Kong report that Dettol was involved in 10 per cent of cases of self-poisoning admitted to a hospital serving a population of more than one million. Over a three-year period, 67 adults were admitted after ingestion of Dettol.

The volume ingested by people ranged from 20 to 600ml (mean 150ml); 22 patients took other substances at the same time, including

Savlon, hypnotics and analgesics.

Most presented at hospital within two hours of ingestion and 85 per cent underwent gastric lavage.

The commonest symptoms were nausea and vomiting, experienced by 75 per cent of patients; more than half had a sore mouth and throat, with erythema affecting the entire oral mucosa. Other symptoms included abdominal pain (24 per cent) and fever (20 per cent). Consciousness was impaired in 15 cases.

Five patients (8 per cent) developed serious complications due to aspiration of Dettol or the stomach

contents. Two of these patients had gastric lavage without adequate airways protection; one died and the other developed respiratory complications possibly due to Savlon.

Two others developed pneumonia and the fifth developed an acute exacerbation of chronic obstructive airways disease.

These cases show that Dettol poisoning causes predominantly local symptoms provided aspiration is avoided. However, since vomiting is so common after ingestion, the risk of complications is high.

Quarterly Journal of Medicine 1993; 86: 735-8

Oils tested to cut NSAID use in arthritis

Drugs which relieve the symptoms or possibly slow progression of rheumatoid arthritis (RA) are associated with a relatively high frequency of adverse effects. In particular, non-steroidal anti-inflammatory drugs remain one of the commonest causes of adverse reactions.

Anything which helps to reduce the need for NSAIDs is therefore to be welcomed — providing of course, that it is safer. Two such compounds claimed to be beneficial — often without good evidence — are evening primrose oil (EPO, gammalinolenic acid) and fish

oils (eicosapentaenoic and docosahexaenoic acids). And two double-blind clinical trials have reported encouraging results.

In the US, 37 people with an eight to nine-year history of RA were randomised to EPO 1.4g/day or placebo (cotton seed oil). Treatment with NSAIDs or corticosteroids was maintained at a constant dose.

About three-quarters in each group completed the six-month study. Those taking placebo showed no change in a range of measures of pain and functional capacity.

By contrast, those treated with EPO developed a modest but nonetheless clinically important improvement in tender and swollen joints, pain and overall assessment by the clinician.

Seven of the 14 patients who completed treatment with EPO experienced worthwhile improvement and none deteriorated; only one of the 13 patients taking placebo improved and four deteriorated. No-one entered remission.

Adverse effects in the EPO group included belching, flatulence and soft stools in four patients, though these did not lead to any withdrawals from the study.

In Scotland, 64 patients with stable RA controlled with NSAIDs alone were randomised to treatment with fish oils (10 capsules of Maxepa daily) or placebo (matching air-filled capsules) for 12 months. They were instructed to reduce their NSAID dose progressively provided their symptoms did not deteriorate.

Taking the baseline requirement for NSAIDs as 100 per cent, patients taking fish oils reduced their intake to 71.1 per cent after three months and 40.6 per cent after 12 months. Fifteen of 29 patients said they

felt better by the end of the study.

Those taking placebo could only achieve 89.7 and 84.1 per cent reductions respectively, and only one of 23 patients reported subjective improvement. There was no change in disease activity during the study. When fish oil was withdrawn and substituted with placebo, the beneficial effects persisted for three months.

Adverse effects of fish oils included nausea and, although this improved with a reduction in dose, three patients withdrew. Eight patients withdrew from placebo due to lack of efficacy.

Experimental evidence suggests that fish oils and EPO reduce the formation of pro-inflammatory prostaglandins and leukotrienes. Long-term treatment with these apparently benign agents significantly reduces the need for more toxic NSAIDs, or improves symptom control when NSAIDs can be tolerated. *Annals of Internal Medicine* 1993; 119: 867-73
British Journal of Rheumatology 1993; 32: 982-9

Serotonin syndrome symptoms

Serotonin syndrome may occur when drugs which enhance the central effects of serotonin are taken in combination — for example, an SSRI like fluoxetine with an MAOI like phenelzine. Symptoms include confusion, muscle contractions, sweating, tremor, diarrhoea and fever.

If this syndrome is due to excessive activity of the neurotransmitter, it is possible that some people, more sensitive than others to the actions of serotonin, may be affected at conventional doses of antidepressants.

To test this hypothesis, psychiatrists in France prospectively monitored 38 people with major depression during their first treatment with 75 to 150mg/day clomipramine, a tricyclic with high serotonergic activity. Two patients withdrew due to adverse effects and six did not comply with treatment.

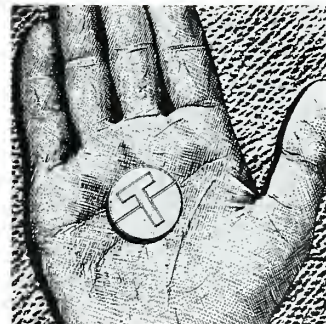
Forty-two per cent developed at least one symptom of the

serotonin syndrome — most commonly tremor affecting the tongue or fingers, muscle contraction, sweating, restlessness or shivering.

Thirty-six per cent had more than one symptom; a quarter had three symptoms; and one patient developed the full-blown syndrome. The symptoms developed over the first four weeks of treatment; 88 per cent lasted less than a week with continued treatment but 6 per cent persisted for four weeks. No risk factors for the development of symptoms were identified.

This open, uncontrolled study suggests that some people may be more sensitive to the adverse effects of serotonergic drugs, and that these effects may occur at therapeutic doses with monotherapy. This underlines the importance of close observation during the first few weeks of treatment.

Acta Psychiatrica Scandinavica 1993; 88: 369-71



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

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Research Digest, a review of current medical literature by drug information specialist Steve Chaplin, appears in the third issue of each month.

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Trading on good looks

The Central Pharmacy in Cardiff is renowned for its extensive range of luxury cosmetics, skincare and fragrances and an attractive environment. Owner Raj Aggarwal believes the recently improved premises, which include the addition of the first Clarins Studio beauty salon in Wales, can only enhance its reputation. Sarah Purcell went to visit the pharmacy on its grand opening day

If you visit the Central Pharmacy in Cardiff's Wellfield Road you're likely to bump into elegant, well-groomed women. Proprietor Raj Aggarwal is the proud possessor of the only Clarins Studio beauty salon in Wales. And on the day *C&D* went to investigate the newly refurbished premises, the place was bustling with some 200 fashionable, enthusiastic women of all ages. They were all the privileged guests of Mr Aggarwal, who had invited his loyal customers for the grand opening of his newly expanded pharmacy and the new Clarins studio.

Here is one pharmacist who is defying the statistics and cries of the cynics. Despite countless figures which say independents are fighting a losing battle when it comes to selling luxury goods such as premium cosmetics, skincare and fragrances, Mr Aggarwal's business in these areas is booming. Before the refit of his store, the ratio was 60 per cent NHS sales to 40 per cent toiletries and cosmetics. He is confident that the money he has invested in improving his premises will pay off, and hopes for a straight 50/50 split between the two areas.

What recession?

The word "recession" is one Mr Aggarwal has a problem with. His Central Pharmacy turned over £1 million last year, and he owns three other thriving pharmacies in the city. He expects turnover in the Central Pharmacy to be up by 25 per cent next year, and the signs are already promising.

To the purists who say pharmacists should concentrate on healthcare, he replies: "A good perfumery will always enhance a pharmacy. I feel the Clarins Studio will be an asset for us. It doesn't mean that we are compromising on the health side of our business. To succeed you have to improve all areas of your pharmacy."

To be fair, it must help that Mr Aggarwal's pharmacy is in the city's most fashionable street in an affluent area of town. "We have always done well here with skincare and prestige products," he admits.

He chose a Clarins Studio because "we've always had a good relationship with them and the range did well for us".

The idea was conceived about a year ago, when Clarins managing director Robin Vincent came to visit Cardiff. It was around the time that Mr Aggarwal was drawing up plans for the expansion of his shop, which he mentioned to Mr Vincent. The idea of a Clarins Studio was raised,



Proud owner Raj Aggarwal with pharmacy manager Caroline Wheeler (left) and relief manager Vanessa Hayward



A customer gets the beauty treatment from a Clarins Studio therapist

and there was no looking back.

The pharmacy has been extended into the roof as well as the ground floor, and the new studio occupies the first floor. There are three beauty treatment rooms, all painted white for a spacious feel. Two

beauty therapists are employed full-time, and Mr Aggarwal is considering employing a third if all goes to plan.

Mr Aggarwal decided to expand the Central Pharmacy about a year ago when the premises next door, which he

owned, became vacant after a shoe shop closed down. In all, the building work took three months to complete, finishing only one week late. Mr Aggarwal managed to keep the shop open throughout, although he admits trading "wasn't easy at times".

The new store is now 100sq m compared with 65sq m before the refit, with the Clarins studio covering a further 75sq m upstairs.

For the refit of the shop he used SDC Marketing of Bristol. This part of the work took just ten days to complete. Mr Aggarwal is clearly thrilled with the result. "We're over the moon about it," he repeats throughout the day.

The clean, uncluttered lines of black ash and chrome give it a modern, professional feel. He had used the company for the refit of his other three shops, including his largest pharmacy in Queen Street's Capitol shopping centre.

Clear positioning

The various sections of the pharmacy are clearly labelled with illuminated signs. The dispensing area is open-plan, which Mr Aggarwal thinks customers prefer. All stock throughout the pharmacy is attractively displayed, with plenty of room for browsing.

For customer consultations, Mr Aggarwal has gone for a semi-quiet area.

"The reason we decided on

this is because I feel that customers are not yet used to confiding in pharmacists, and only a small percentage ask us for advice. I think a semi-private area is less intimidating for the customer."

As far as competition goes,

Mr Aggarwal does not feel threatened. There is a small Lloyds and a Boots in the road, but neither carry the same extent of prestige stock. The Central Pharmacy stays open until 7pm every night and the customers are in general aged 18-50 and fairly well off.

Mr Aggarwal is sole owner of his chain of four pharmacies. He employs six staff at the Central Pharmacy, with a total of six pharmacists working across the four stores. He maintains that good relations with staff is the key to his success. He has regular meetings with his pharmacists, which usually takes the form of an informal discussion over dinner.

"I think they find it easier to raise concerns that way," he says.

Ex-Boots manager

Before buying his first pharmacy in Cardiff, Mr Aggarwal worked as a manager for Boots for ten years and headed up shops all over the country, including High Wycombe and Wembley. But when it came to setting up on his own, he chose to return to Cardiff, the city where he did his degree.

Building up businesses is obviously something he is good at: "My first pharmacy was a small business with a very low turnover, but I could see the potential. Within a short time, the turnover had more than quadrupled."

Mr Aggarwal's wife often helps out with the business too, as does his daughter. His son has just embarked on a pharmacy degree, though Mr Aggarwal swears he did not try to influence his choice.

Success secrets

His advice to other pharmacists who want to improve their sales in cosmetics and fragrances is "you've got to do it properly". By that he means using authorised agencies, so you know that stock will be delivered in pristine condition, and if there are problems they will be quickly sorted out. His second piece of advice is to invest in good staff, and concentrate on presentation and display.

On the subject of cut-price fragrances, he has strong opinions: "If we were to start cutting prices, eventually the whole store would suffer. We'd have to start cutting corners because the margins would be less and we wouldn't be able to carry the same level of stock. I believe customers want to come to a store that offers a full range and the best possible service."

Service is another area Mr Aggarwal feels strongly about. A plaque displayed in front of the dispensary promises to provide customers with the best possible service at all times.


Mr Aggarwal is looking forward to a busy Christmas. Of the 200 women who attended the opening day, 80 booked up for a treatment in the Clarins Studio.

"It just goes to show that it was all worthwhile," he says.




The newly extended Central Pharmacy in Cardiff, with its Clarins Studio in the roof

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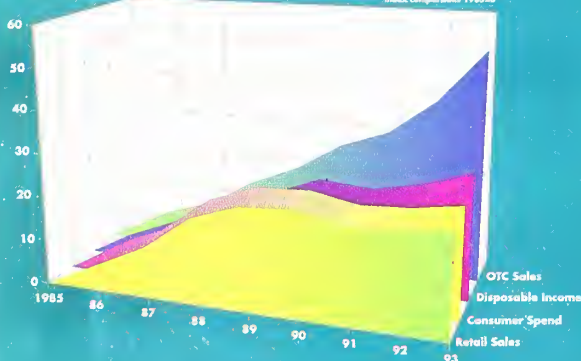
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Representatives doing a poor job

I cannot allow the comments expressed by National Pharmaceutical Association Board members Edward Brown and David Thomas in their letters in *C&D* last week to pass without comment. The NPA appears justifiably nervous about the current sway of opinion against it and seeks to limit the damage that threatens. It does it, however, with statements of no real substance.

The Middlesex Pharmaceutical Group is probably one of those "small activist groups" decried by Mr Thomas. We are democratically representative of around 600 pharmacies in the Middlesex area so might not qualify for full inclusion among his notional groups. But we have been, and continue to remain, if not critical then suspicious of the workings of the organisation.

Of course the five NPA members on the Pharmaceutical Services Negotiating Committee have no "mystical powers" but they do have the "balance of power". Mr Brown says that all the NPA representatives are their "own men". If so, how come they frequently all vote the same way? Seven out of seven seems too much of a coincidence to me.

The NPA represents the pharmacy contractors who pay their subscriptions. The Local Pharmaceutical Committees' representatives — almost all NPA members, apparently — voted against acceptance of the new contract by a resounding majority. QED the NPA representatives are not representing their members' interests. There must be change.

The 13 to 10 vote for the PSNC reluctantly to accept the offer would have been overturned if just two of the NPA members had voted for contractors' wishes. It would have brought the NPA and PSNC organisations a measure of credibility with the profession and shown solidarity into the bargain. They did not and now must take the consequences of their destructive action.

Middlesex takes great exception to Mr Thomas's assertion that we should be attacking the Government and not the representative bodies of pharmacy. If these bodies did their job, it should not be necessary for contractors to do anything. Regrettably, so little is done successfully by these bodies that it has been left to the "non-elected groups", who have been no less successful than the grey-suited, elected ones.

Adrian Korsner
Chairman, Middlesex
Pharmaceutical Group

Remuneration crisis: what crisis?

I feel that the Department of Health is actually overpaying community pharmacists. Their rates of remuneration are already too generous and, in reality, should be reduced.

This is backed up by the JIC rates, which set out the minimum a pharmacist should be paid. Since many proprietors are also working pharmacists, there is no reason why their salaries should be any different.

This can be as low as £10,000 a year. Even if we assume that proprietors work 70 hours a week, then they are still overpaid as most pharmacists

earn around £20,000, which is around twice the JIC rate for less than 40 hours a week.

The DoH should base all remuneration on JIC rates, as these are the rates that the so-called profession believes it should remunerate its pharmacist colleagues.

If I am not mistaken, JIC supposedly exists to protect employees. So JIC are the only logical rates which the Government should use in remunerating community pharmacists in their salary considerations. The fact is that, in reality, JIC rates serve not to

protect employees but to exploit them. They serve merely to protect employers.

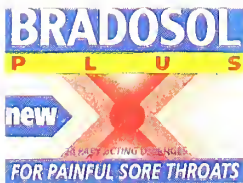
If contractors believe their remuneration rates should be higher, they should put their money where their mouths are and increase JIC rates to sensible levels, eg a minimum of £11 an hour. Only then should the DoH take any notice of the contractors, most of whom are really nothing but moaning minnies, who are currently getting a taste of their own medicine.

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Numark drop Hamilton but gain Mawdsley-Brooks?

Numark's juggling act with its wholesaler membership continued to produce surprises this week, with the announcement that Mawdsley-Brooks have applied to join the voluntary trading organisation. They have depots in Salford and West Bromwich.

This could have repercussions for Unichem who, on the presumption that their bid for wholesaler Bradford Chemist Alliance will be successful, have applied to stay within the Numark fold.

Numark will hold extraordinary general meetings to vote on both applications in January 1994.

As was generally expected, the Numark EGM held on December 10 voted to terminate the membership of John Hamilton, the Glasgow wholesaler acquired by Lloyds Chemists at the beginning of November.

This is the second time Lloyds have been rejected as a Numark wholesaler; Ayrshire Pharmaceuticals were ousted after their acquisition in May 1992.

Numark chairman Sandy Young would not comment on reasons why Numark shareholders decided to terminate Hamilton's membership. About 190 Numark retail members are likely to be directly affected.

Although Unichem have been appointed as distributors through their Livingstone depot, it is not clear how many customers will transfer their business.

While Mr Young described Mawdsley-Brooks' application as "very welcome", he declined to be drawn on the likely outcome of Unichem's bid for continued membership for BCA.

Jim Salt, managing director of Mawdsley-Brooks, says their application has come about due to a number of changes in the industry. Discussions have been underway with Numark management for the past 12 months, he revealed.

The company turned over some £12 million of over-the-counter business last year and services 450 "reasonable" accounts out of more than 600 customers overall from their two depots.

"Soundings indicate that we should very quickly pick up 150-200 people who would want to take advantage of Numark

membership," he says. "Since Macarthy packed up, there has been a lack of service in the area."

Mawdsley-Brooks do not currently deliver to the Bradford area from Salford. The company pulled out six or seven years ago as BCA grew in strength.

"I'm not prepared to comment on whether we would extend the

service again," says Mr Salt.

Numark's EGM also saw a vote in favour of Irish distributor United Drug becoming a member of Numark. Talks are to be held in Dublin before Christmas to agree the entry of United Drug as the member for the Republic of Ireland, a Numark statement said this week.



Secretary of State for Health Virginia Bottomley was guest of honour at the Association of the British Pharmaceutical Industry's dinner on December 8, marking the decision to locate the new European Medicines Evaluation Agency in London. Mrs Bottomley is pictured with Stewart Siddall (right), ABPI president, and Dr John Griffin, ABPI director

Smith & Nephew disposes of ophthalmic business

Smith & Nephew are to sell their UK ophthalmic solutions business in a deal worth £18 million because it no longer forms part of their "long-term core business".

Laboratoire Chauvin SA, who already manufacture ophthalmic solutions in Montpellier, France, will be the new owners of the

range from 1994, which includes Pryme Care, Transoak and the Eppy brands. Smith & Nephew will continue to handle all orders for products on their behalf for the first year.

Until further notice, all orders and information requests should continue to be made through Farillon's address in Essex.

Cibavision expand in France

Cibavision have acquired a French ophthalmic pharmaceuticals company as part of an "aggressive strategy" to lead worldwide ophthalmics.

Divisional manager Marcus Swallow says the purchase represents a big step in the Ophthalmics Division's plans to grow by acquisition as well as organically.

Laboratoires H Faure is a low-cost production centre,

producing some 30 ophthalmic specialities. The purchase will bring group turnover to £11.4 million a year.

"The acquisition contributes further to our existing strength in Europe, and is part of an aggressive strategy towards attaining a leading position worldwide in the ophthalmic pharmaceutical business," says Luzi von Bidder, head of Cibavision Ophthalmics business.

LIG to halt losses with restructuring

London International Group is committed to launching a new era in the wake of an operating profits collapse. Its D&P house will be sold along with non-core health and beauty brands within six months.

The news comes as six-month figures ending September show that operating profits for the group collapsed from £22.4 million to £2.4m; health and personal products profits fell from £16.1m to £3.5m; and the photo processing operation went into the red by £1.1m, compared with a 1992 profit of £6.3m.

The UK-based film processing division Colourcare, acquired in the 1980s, which currently has more than 30 per cent of the UK market and a book value estimated at more than £30m, is to be sold off. But new chief executive Nick Hodges said the division would be sold for the best available price rather than "waiting for what might come".

The 3,500 employees working in photo processing will be sold with the business if a buyer can be found.

In addition, LIG will be disposing of "selected non-core brands". Their healthcare and beauty brands include Woodward's gripe water, Wrights coal tar soap, Galloways and Buttercup cough mixtures and Eucryl tooth powder.

This will leave the company free to concentrate on its condom and surgical and specialist gloves business. Surgical glove sales rose by 35.6 per cent to £14.7m for the half-year.

It is anticipated that the sale of these businesses will raise enough capital to prevent a rights issue, although "the restructuring will give rise to a very substantial charge to profits".

There will be around 2,000 health and personal product business job losses out of the company's worldwide total of some 7,000, from operations in the US, the UK and Malaysia.

Alan Woltz, non-executive chairman, will be resigning once a replacement has been found, a move which follows the resignation of Tony Butterworth as chief executive in September.

LIG plan to exploit the global potential of the Durex brand backed by product developments and low-cost manufacturing capability.

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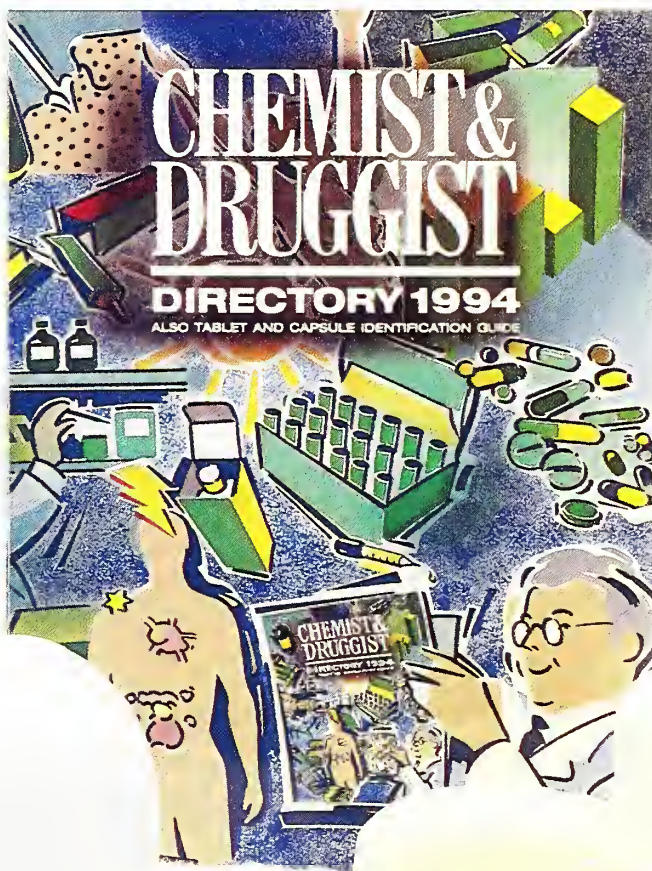
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Go ahead given for Unichem takeover

Shareholders in Bradford Chemists' Alliance have approved a change in the company's articles to clear the way for a Unichem takeover should shareholders choose to sell their shares.

The BCA extraordinary meeting which voted the decision through on Monday was well attended by around 150 of the 180 shareholders. Of those 84 per cent (70,606 shares) were in favour of changing the articles with 15 per cent (13,030 shares) against. Only 5,000 shares were not voted.

If the shareholders choose to sell they now have until Monday, December 20 to apply either for Unichem shares, money or loan notes. The Unichem offer lapses on January 10. Four BCA directors hold 11.2 per cent of the equity.

Unichem put in a £8.9 million bid for BCA, the Yorkshire-based independent wholesaler, last month (*C&D* November 27 p970) but as BCA stood the shares could only be bought by independent chemists in the Bradford area, not

other wholesalers. The EGM was held to vote whether the articles of the association should be changed to allow sale of shares to Unichem.

Jeff Harris, chief executive of Unichem, who addressed the meeting, said that most of the debate revolved around whether BCA should be sold at all, and not whether Unichem should be the purchasers.

Peter Marshall, a BCA shareholder, who is against the takeover option, said that it was a "foregone conclusion" that the takeover would now happen.

Mr Marshall said that many years ago the board should have realised there would be a large number of shareholders in the 50 plus age group. "They made the mistake of not getting enough young people in at the new end," he added.

"It is very sad for independent pharmacies and also for young pharmacists who will find it very difficult to enter the market."

Gill Hawksworth, another shareholder who voted against the

takeover, said that she was very sad at the loss of a local wholesaler. "It is the beginning of the end for the independents — we will all have to work harder to survive."

The challenge to Unichem now is to "match and improve upon the service already offered by BCA", said Mr Harris. At present, proposals for any changes to the terms and conditions have not been decided, but Mr Harris hopes that they will be able to pick the best from each company.

Tony Garlick, general manager of BCA, will take over as general manager for Unichem in the Yorkshire and Humberside region. Should Unichem be successful the BCA warehouse will be closing and the business will be relocated to Unichem's depot in Leeds. It is not known yet whether any redundancies will result.

Unichem have applied to retain the Numark franchise and expect that BCA will continue to distribute Numark goods and services.

Seton buy five OTC brands from Napp

Seton Healthcare, the acquisitive over-the-counter and wound dressings company, have added five more products to their over the counter medicines portfolio.

The Oldham-based company has acquired five OTC brands from Napp Laboratories — Codella hand cream, Morhulin ointment, Teejel teething gel, and two P products, Burneze and Wasp-eze.

All products transferred to Seton on December 13 as a complete package, rather than separately negotiated parts, for an undisclosed sum.

The acquisitions form part of Seton's core strategy of strengthening their OTC portfolio, with the two P products brought on-board in time to prepare for Summer sales.

Prices will remain the same. All orders and inquiries for the brands should be addressed to Seton. A programme of support and promotional opportunities is promised for 1994.

United Drug profits up

United Drug, the second largest pharmaceutical distributor in the Republic of Ireland, have reported an 11 per cent increase in pre-tax profits to Ir£3.44 million (£3.3m).

The group turnover for 1993 increased by 79 per cent to Ir£136m. From the increase in turnover, Ir£51m was contributed by Sangers (Alchem plc) which joined the group in November 1992.

The final dividend recommended is 4.80p per share which, in addition to the 2.20p interim dividend per share paid, gives a total for the year of 7.0p. This represents an increase of 4.5 per cent on the total dividend per share paid in the previous year.

John Menzies into health and beauty

John Menzies, the stationers, have launched a range of health and beauty products into their Addenbrooke's hospital shop in Cambridge.

The range will include 1,100 lines of toiletries and chemist sundries normally found in a large supermarket.

The company is investigating the possibility of introducing the range into other hospital shops.

Profit warning follows shake-up at Fisons

Fisons have removed their chief executive Cedric Scroggs as part of a major restructuring of the group.

The announcement, which is coupled with a significant profit warning, also sees the immediate retirement of group finance director Roy Thomas.

The restructuring will lead to "substantial provision" being made against Fisons' 1993 profit — once forecast to be in the region of £100 million — including a £16m loss for Fisons Instruments for the year end.

Fisons are also to immediately halt their practice of aggressively discounting into the pharmaceutical trade every December — a move which will reduce this year's forecast pretax profits by around £28m.

The benefit for future years will be to eliminate the associated discounting to the wholesale trade and put an even flow of product through the group's manufacturing units, says the company, which will in turn improve efficiency and profitability.

As a result, final pretax profit for 1993 is expected to be around breakeven, leading to a final share dividend of 1p per ordinary share, with a total dividend 4.3p net per ordinary share.

Commenting on the restructuring, Fisons chairman Patrick

Egan says: "Although these steps will have very severe consequences for financial performance in 1993, I expect a significant improvement in the group's results from 1994 onwards, compared with what would otherwise have been achieved."

Fisons' pharmaceutical division has been undergoing a cost reduction study which is expected to show that £25m per year in costs can be eliminated by the end of 1995, with a partial benefit in 1994. This is likely to include redundancies and others costs, expected to amount to £15m.

Fisons are planning to find an external candidate to take up the position of chief executive. Until a

replacement for Mr Thomas is found, the group treasurer and group financial controller will assume these responsibilities, reporting to Mr Egan.

New members have also been appointed to the board as of December 12. They will be John Bailey, group secretary, David Richardson, managing director of Fisons instruments, and Maurice Cocca, president, Curtin Matheson Scientific Inc.

• Fisons have also launched an exchange offer which will enable holders of its £100m 8 per cent Bonds due 2003 to exchange the Bonds for new five year ones at an annual coupon in the region of 7.5 per cent.

Glaxo/Warner-Lambert press ahead with OTC venture

Glaxo and Warner-Lambert are moving ahead with plans to form a joint venture to develop and market over-the-counter versions of Glaxo's prescription drugs, including the ulcer treatment Zantac.

The two companies first announced their intentions in July (*C&D* July 31, p186), and signed formal agreements on December 13.

They will initially concentrate on developing Zantac for over-

the-counter sale in the US.

Clinical studies are underway to establish the drug's performance at lower doses than the prescription version, with an expected indication for the prevention and treatment of conditions such as episodic heartburn.

Warner-Lambert and Glaxo will share development costs and profits equally, with Glaxo receiving a royalty on all OTC sales by the joint venture.

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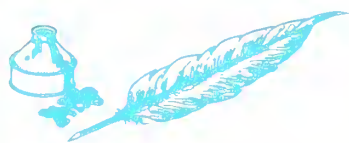
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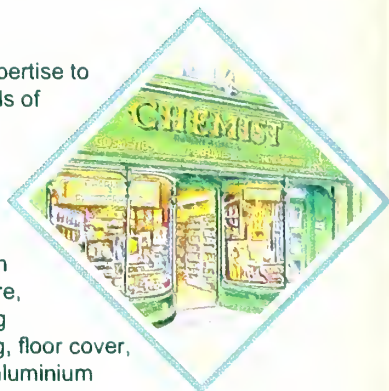
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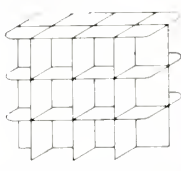
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Have a Very Merry
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LOCUMS

HOCKLEY, ESSEX - Locum required for four days per week from February 9 till March 4. Tel: 0702 207283.

GRAVESEND - Short or long term, friendly community pharmacy, accommodation available, easy hours. Tel: 0474 533079.

LOCUM PHARMACIST - Required for December 26 from 12-1pm. £21 inclusive. Tel: 071-735 3777.

30 MINUTES FROM ILFORD - Pharmacist or long term locum required, good supporting staff. Tel: 0268 52075.

SHREWSBURY - Pharmacist required for regular Saturday work. Tel: 0743 362746.

ST ALBANS, HERTS - Locum required from February 1994 for about 6 weeks to cover maternity leave. Tel: 0727 851132 or 0923 820370 (evenings).

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SURREY - Very experienced ex-proprietor available for short or long term engagements, or part-time permanency, can travel if accommodation provided. Tel: 0932 864166 or 866226.

NOTTINGHAM 50 MILES RADIUS - Experienced locum available. Tel: 0602 863737.

LONDON PHARMACIST - Available, willing to travel. Tel: 081-677 0938.

PERTSHIRE - Experienced pharmacist moving to the area seeks bookings from February 1994. Tel: 0860 123596.

STOCKPORT & MANCHESTER - Experienced locum available December onwards, holidays, regular days, long or short term. Tel: 061-428 7710.

BUSINESSES FOR SALE

ESTABLISHED PHARMACY, ESSEX COAST - With three bedroom accommodation above shop, suit young pharmacist with family, freehold or leasehold, sale due to retirement. Tel: 0255 552525.

CO DURHAM - Sole village pharmacy, U/o £270,000 increasing, NHS items 2500 items per month, half day Sat/Wed, new lease at £3,000pa, £95,000 plus SAV. Tel: 0740 654669 or 0850 245403.

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TRADE LESS 40%+VAT+POSTAGE - 90x Paroven caps (exp 2/94), 56 Maxolon SR 15mg (exp 3/94), 75x Parlodel 10mg (6/94), 2x12 Anugesic HC supp (exp 6/94), 90 Exirel 10mg caps (exp 2/94).

Tel: 0245 264252.

TRADE LESS 35%+VAT+POSTAGE - Alupent tabs, Hygroton 50, Anadin tabs, Spiroctan caps, Lederfen 450mg tabs, Topal tabs, Sando, Precortisyl forte. Tel: 071-387 9585.

TRADE LESS 25%+VAT+POSTAGE - Risperdal 1mg 6x6 (exp 11/95), Risperdal 3mgx28 (exp 9/6), Tel: 081-539 1922.

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TRADE LESS 30% - 24x30 Nicorette 2mg gum, 12x7 day pack Nicorette 15mg pack, trade less 20% 4x49 Minocin MR caps. Tel: 0904 642557.

TRADE LESS 40% - 97 Drogenil (exp 4/94), Tel: 0603 54701.

TRADE LESS 20%+VAT+POSTAGE - Wallace bags, 12xTF500, 15xIB2000C, 10xE750V, Welland ostomy 2x30 FC0710. Tel: 081-807 3857.

TRADE LESS 40%+VAT+POSTAGE - 149 Sudafed SA (exp 1/94), trade less 20%+VAT+postage - 32 Pergonal, 1x105 Nicorette 4mg. Tel: 081-428 4373.

TRADE LESS 40%+VAT+POSTAGE - 4x56 Lamictal 100mg, 8 Zofran 8mg, 52 Treosulfan 250mg, Estraderm TTS 100. Tel: 081-534 2394.

TRADE LESS 50% - 1 Vivotif (exp 1/94), trade less 25% 255 Creon caps (exp 4/95), trade less 60% Heplock injection, 90 Ambaxin tabs (exp 1/94). Tel: 081-889 0150.

TRADE LESS 40%+POSTAGE - 200 Lopid 300mg, 56 Stomba, 84 Monacor 5mg, 56 Pepcid 40mg, 28 Pepcid 20mg, 100 Mysoline, 500 Flamazine, Kodak 3mm 25 exp (1/94). Tel: 0232 324144.

FOR SALE

TWO SHOP COUNTERS - Glass with wooden frames, 4ftx2ft, 5ft9"x1ft10". Surex shop shelving to fit whole shop, any reasonable offers. Tel: 0484 545351.

WANTED

SANDIMMUN ORAL SOLUTION & CAPS - Zoladex injection, Dalacin C injection, Dolobid 500mg tabs, Triptafen tabs. Tel: 081-204 2412.

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TABLET COUNTER - In good working order. Tel: 0375 859675.

PHARMACY BOTTLES - Any size in colour blue or green. Tel: 0706 525283.

KL7 OR KLS TABLET COUNTER - External green cross sign. Tel: 0895 444103.

NOMAD MEDICATION SYSTEM - Urgently required. Tel: 0533 512959.

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ON THIS PAGE

IMPORTANT

Because demand for free "Business Link" entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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Personal RPSGB Registration number

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Proposed advertisement copy (maximum 30 words)

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To be included under section Heading

Signed Date

About people

3D-mania hits Mansfield!

Mansfield pharmacist Stephen Taylor can sum up the BBC's Children in Need appeal in two words: "Absolute pandemonium!"

As the only outlet in the county with supplies of 3D glasses left, he found his pharmacy was "quite famous for a few hours".

On the day of the fundraising extravaganza, his seven assistants managed to sell more than 4,000 pairs of glasses, raising over £1,000. Some 1,200 pairs were sold in one 90-minute period.

People came from as far away as Nottingham and Chesterfield, at one point forming a 50-yard queue outside the pharmacy while they waited for more supplies to arrive.

Mr Taylor's wife had to make two trips to the nearest Unichem depot to keep up with demand. The total number of glasses sold by the pharmacy in the run up to Children in Need was over 6,500.

Overall Unichem pharmacies sold 740,000 pairs, contributing £185,000 to the appeal.

Pharmacist has lucky escape

A quick 15-minute visit to see his wife at their other pharmacy proved to be the luckiest move pharmacist Rod Jones could have made last Friday.

During his absence, an armed man entered into R. M. Jones veterinary pharmacy and kidnapped employee Andrew Patterson, marched him through the town and, along with nine other people, held him hostage for 14 hours in a dental surgery in Hay-on-Wye, Powys.

The siege ended peacefully 14 hours later with the gunman falling asleep in the early hours of the morning.

Mr Jones told C&D: "Andrew was pretty shaken, but he's taking a few days off and is okay now."

A man has since been remanded and charged with attempted murder, two counts of kidnap and one of unlawful imprisonment.



Frank Murray (left) was installed as president of the Ulster Chemists Association by outgoing president Adrian Glass at the December meeting of the Association's executive committee. Mr Murray completed his pharmacy degree at Queen's University, Belfast, and opened his first pharmacy in 1980



Students at Bath University's School of Pharmacy and Pharmacology look certain to benefit from Simple Software's donation of a complete PMR computer system. Professor David Davies (left), head of the School, received the system from Esther Foxall of Simple Software



Winner of the Gavison window display for the most imaginative use of the flashing "Arnie" was Norman Bennett of Sutton Coldfield. He is shown receiving his prize of £1,000 worth of travel vouchers from territory manager Brian Farmer

Appointments

The following pharmacists have been appointed to the Medicines Commission, which advises ministers under the Medicines Act: **Professor Stanley Davies**, professor of pharmacy and head of department, Nottingham University; **Ann Lewis**, chief pharmaceutical officer, Countess of Chester Hospital, Chester; **Jane Shott**, associate director, Procter & Gamble. Remaining on the Commission are **Dr Michael Carter**, director of Zeneca Pharmaceuticals, and **Professor Paul Spencer**, professor of pharmacology and head of Welsh School of Pharmacy.

Dr Dudley Earl has been appointed to the board of directors of Cortecs International as a non-executive director.

Murray Angus joins Secto, suppliers and manufacturers of insecticidal products and air fresheners, as managing director.

Reckitt & Colman have appointed **Justin Lord** as marketing manager for pharmaceuticals and **Andrew Baldry** as marketing intelligence manager for the international pharmaceutical marketing team.

Steve Whitcombe has been appointed national account manager for UK and Europe for the recently formed Maws Group Limited.

Thora Hird stars in Boots staff video

Staff at a Boots branch in Bishop Stortford recently spent a weekend filming with television star Thora Hird. The pharmacy was transformed into a studio after closing time on the Saturday to make a training video for Boots staff.

Fourteen members of staff and their families worked in shifts, acting as customers in the background, while Thora Hird and other actors were filmed showing how staff should deal with customers.

Otrivine, with Xylometazoline. Fast, effective relief from annoying blockages.

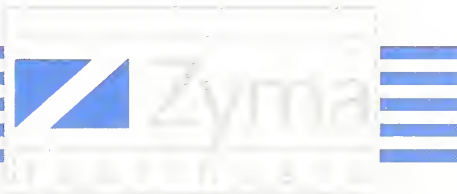


...e all know what a nuisance blockages can be. So it's good
...know there's something clearing the way. Otrivine contains
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prescriptions for it every year. Which is why No.1 selling
Otrivine has its nose in front of the
competition. So while your customers might
struggle with maintenance work on the motor-
way, at least their noses have the "all clear."



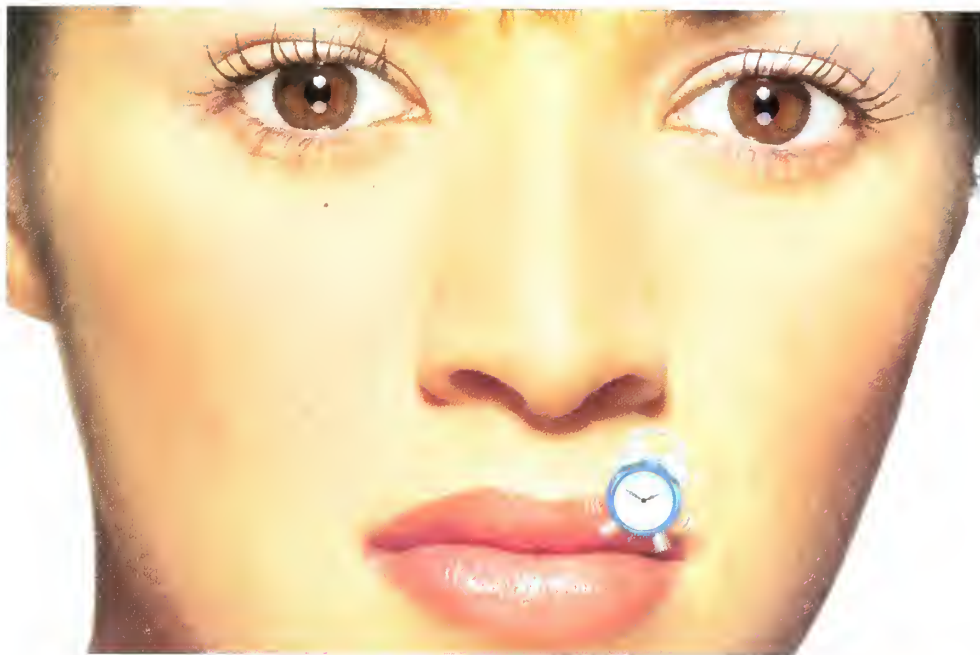
FURTHER INFORMATION ON OTRIVINE. PLEASE TELEPHONE ZYMA HEALTHCARE ON 0306 742800 AND ASK FOR SALES SERVICES. 'OTRIVINE' IS A REGISTERED TRADEMARK



Caution: Otrivine® Adult Formula Nasal Drops and Spray contain 0.1% w/v xylometazoline hydrochloride B.P. Otrivine® Children's Formula Nasal Drops contain 0.05% w/v xylometazoline hydrochloride B.P. **Indications:** Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hayfever), sinusitis. **Dosage:** Adults: 2 or 3 drops of Otrivine® Adult Formula Nasal Drops or one application of Otrivine® Adult Formula Nasal Spray in each nostril, two or three times daily. NB Otrivine® Adult Formula Nasal Drops and Spray should not be used for children under the age of 12 years. Children under 12: 1 or 2 drops of Otrivine® Children's Formula Nasal Drops in each nostril once or twice daily. Not to be used in infants less than 3 months. **Contra-Indications:** Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions:** Do not use for more than 7 days. Caution in patients with cardiac disease or during pregnancy. **Side effects:** Local stinging and discomfort upon application, sneezing, dryness of the nostrils. **Package Quantities and Retail Price:** Adult Formula Drops: 10ml (PL0008/S023) £1.86. Adult Formula Spray: 10ml (PL0008/S024) £1.95. Children's Formula Drops: 10ml (PL0008/S022) £1.86. **Legal Category:** GSL. **Date of Preparation:** November 1993. **Distributor:** ZYMA HEALTHCARE, HOLLYWOOD, RH5 4NU. *Trade Mark

COLD SORES?

A MAJOR BREAKTHROUGH



Treating the tingle can prevent a cold sore



ZOVIRAX[®]

COLD SORE CREAM

Early use can prevent a cold sore

ZOVIRAX COLD SORE CREAM[®] Acyclovir. Essential information. **Presentation** 5% w/w acyclovir in water miscible cream base. **Uses** Cold Sore treatment **Dosage and administration** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications, warnings, etc.** **Contra-indications:** Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side- and adverse-effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. **Retail Selling Price** - subject to Retail Price Maintenance: 2g tube - £4.99 (PL 3/0304) **Legal category** P. Further information available on request: Wellcome Medical Division The Wellcome Foundation Limited Crewe Hall, Crewe, Cheshire. Date of preparation: 13/5/93 © Trade Mark